

Case Number:	CM15-0149025		
Date Assigned:	08/12/2015	Date of Injury:	11/16/2009
Decision Date:	09/15/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female, who sustained an industrial injury on 11-16-2009. She has reported injury to the neck and left shoulder. The diagnoses have included cervical degenerative disc disease; carpal tunnel syndrome; pain in joint, shoulder region; status post left rotator cuff repair. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Nabumetone, Gabapentin, Celexa, Tizanidine, and Omeprazole. A progress note from the treating physician, dated 06-30-2015, documented a follow-up visit with the injured worker. The injured worker reported chronic left shoulder pain which radiates down the left upper extremity and to the left side of her neck; the pain is constant and sharp, and rated at 7 out of 10 in intensity; joint stiffness and tenderness at the left shoulder with muscle spasms noted in the left upper extremity and left neck; weakness, numbness, and tingling in the left upper extremity; she uses ice, TENS unit, and medications to alleviate the pain; since last month, she has experienced increased left shoulder pain; she felt a pop sensation and increased pain; and she has not improved. Objective findings have included antalgic gait favoring the left; ambulates with cane, very slowed gait; soft tissue tenderness noted over the supraclavicular region of left upper extremity, and acromioclavicular joint of left upper extremity; joint tenderness noted in the acromioclavicular joint of the left upper extremity; and there is decreased range of motion of the left shoulder in all directions, both active and passive. The treatment plan has included the request for MRI of the left shoulder, per 06-30-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the left shoulder, per 06/30/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: Based on the 06/30/15 progress report provided by treating physician, the patient presents with left shoulder pain and left neck pain that radiates to left upper extremity, rated 7/10. The patient is status post left shoulder surgery for 2010 and 2012. The request is for MRI of the left shoulder, per 06/30/15 order. Patient's diagnosis per Request for Authorization form dated 07/01/15 includes pain in joint, shoulder region. Physical examination to the left shoulder on 06/30/15 revealed stiffness and tenderness to palpation to acromioclavicular joint. Range of motion limited in all directions. Medications have included Nabumetone, Gabapentin, Celexa, Tizanidine, and Omeprazole. The patient is not working, per 06/30/15 report. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per 06/30/15 report, treater states "left shoulder MRI due to increased pain and decreased ROM. Prior shoulder surgery for rotator cuff tear." Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. ODG allows the use of MRI imaging to perform a global examination. The patient continues with pain, and there is no indication the patient had prior, nor postoperative, MRI of the LEFT shoulder. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.