

Case Number:	CM15-0160982		
Date Assigned:	08/27/2015	Date of Injury:	02/07/2013
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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, Pain Management

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 55 year old female, who sustained an industrial injury on 2-7-13. The injured worker has complaints of left shoulder pain, left hand and wrist pain, left elbow pain and left knee pain. The documentation noted Tinel's cubital tunnel is positive on the left. Cervical spine, lumbar spine, left shoulder and left wrist range of motion are decreased. The diagnoses have included status post left shoulder arthroscopic surgery. Treatment to date has included hot packs and left wrist magnetic resonance imaging (MRI) on 4-8-13 showed focal subchondral bone marrow edema pattern along the ulnar aspect of the lunate is attributed to contusion without fracture or osteonecrosis. The request was for magnetic resonance imaging (MRI) of the left shoulder without contrast. A progress report dated July 21, 2015 identifies subjective complaints of left shoulder pain, left hand/wrist pain, left elbow pain, and left knee pain. Physical exam reveals positive apprehension test, impingement test, and Cozens test. Diagnosis is status post left shoulder arthroscopic surgery. The note indicates that the patient has previously undergone MRI studies of the left shoulder as well as EMG studies of the upper extremities. The treatment plan recommends MRI to evaluate for soft tissue injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for repeat MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. ODG goes on to state that they repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue which needs to be evaluated by MRI. Additionally, it does not appear that the requesting physician has reviewed the previous MRI prior to requesting a new one. In the absence of clarity regarding those issues, the currently requested repeat shoulder MRI is not medically necessary.