

Case Number:	CM15-0166969		
Date Assigned:	09/04/2015	Date of Injury:	05/03/2013
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 24 year old female, who sustained an industrial injury on 5-3-2013. She reported left shoulder pain. Diagnoses have included left shoulder strain, acromioclavicular joint strain and status post arthroscopy with residuals. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), surgery and medication. According to the progress report dated 7-8-2015, the injured worker complained of intermittent, moderate pain in her left shoulder. She rated the pain as eight out of ten. She reported the pain was the same as prior to surgery. Physical exam revealed increased tone with associated tenderness about the paracervical and trapezial muscles. Exam of the left shoulder revealed tenderness to palpation about the anterior-superior acromioclavicular joint and anterior shoulder joint. There was decreased range of motion of the right shoulder. Authorization was requested for magnetic resonance imaging (MRI) with arthrogram of the left shoulder.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. Physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker reported recently that the left shoulder pain which was intermittent and worse with activity was the same as before surgery done on this area for a rotator cuff tear confirmed by MRI. It is unclear as to why a repeat MRI with similar subjective reports and minimal physical findings would help with management of a patient with previously attempted surgery of this area. Without more evidence of significant worsening or different symptoms to reevaluate, the repeat left shoulder MRI is not medically necessary at this time.