

Case Number:	CM15-0168093		
Date Assigned:	09/08/2015	Date of Injury:	12/04/2014
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

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:

This injured worker is a 60 year old female who reported an industrial injury on 12-4-2014. Her diagnoses, and or impressions, were noted to include: left rotator cuff tendinitis syndrome. No imaging studies of the left shoulder were noted. Her treatments were noted to include: physical therapy and acupuncture treatments for the right upper extremity and shoulder; electrodiagnostic studies and nerve conduction velocity studies of the bilateral upper extremities on 3-13-2015; x-rays of the left shoulder, which noted degenerative changes, were reported; medication management; and modified work duties. The progress notes of 6-29-2015 reported complaints which included left shoulder pain which started in early June 2015, associated with weakness, tenderness, and limited motion, and was aggravated by activity and pressure; and pain at the level of the wrist that radiated up to the level of the shoulder, along with localized shoulder pain. Objective findings were noted to include tenderness over the anterior left shoulder rotator cuff, "AC" joint and bicipital areas; positive left shoulder impingement sign; satisfactory left shoulder rotator cuff, deltoid and biceps strength; and decreased sensation in the bilateral upper extremities. The physician's requests for treatments were noted to include magnetic imaging studies of the left shoulder. The Utilization Review of 8-17-2015 non-certified the request for magnetic imaging studies 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 left shoulder: Upheld

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): 204.

Decision rationale: The ACOEM chapter on shoulder complaints states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Review of the medical records provided does not show the patient to meet criteria for imaging per the ACOEM as cited above and the request is thus not certified. Therefore, the requested treatment is not medically necessary.