

Case Number:	CM15-0169175		
Date Assigned:	09/09/2015	Date of Injury:	07/03/2014
Decision Date:	10/14/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male who sustained an industrial injury on 7-3-14. He had complaints of neck, left shoulder and left elbow pain and headaches. Treatments include: medication, physical therapy, acupuncture and cortisone injection. Progress report dated 5-14-15 reports continued complaints of shoulder, elbow and neck pain. The left shoulder pain is constant and travels down to his left hand and fingers described as aching. He has numbness and tingling in the left hand and fingers. The pain is rated 8 out of 10. The left elbow pain is intermittent, travels to his hand and fingers and is rated 4-5 out of 10. He has complaints of constant, aching neck pain, worse on the left side, that travels down the left upper extremity. The pain is rated 7 out of 10. The pain is aggravated by repetitive neck bending, overhead reaching, lifting, carrying, hand and arm movements, pushing, pulling, climbing, gripping, grasping, lifting objects and cold weather and is relieved by rest and activity modification. Diagnoses include: cervical spine sprain and strain, left shoulder sprain and strain rule out internal derangement, headaches, status post contusion left elbow improving and status post left shoulder contusion. Plan of care includes: request open MRI of the left shoulder rule out internal derangement, continue physical therapy, recommend home exercises and recommend Norco for pain 10-325 mg 1 four times per day, #120. Work status: temporary total disability until 6-25-15. Follow up on 6-25-15.

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 without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, MRI.

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

Decision rationale: ACOEM 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 Reynaud'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)." ODG 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)" The employee is less than 40 and does not meet any of the red flag criteria for an MRI of the shoulder as listed above. Therefore, the request is not medically necessary.