

Case Number:	CM15-0169833		
Date Assigned:	09/10/2015	Date of Injury:	03/20/2003
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

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 51 year old male, who sustained an industrial injury on March 20, 2003, resulting in pain or injury to the lower back, shoulders, knees, and neck. Currently, the injured worker reports pain over the bilateral sacroiliac joints, right greater than left, right shoulder and elbow pain, and left shoulder tingling pain. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy with disc displacement, cervical radiculopathy, bilateral shoulder impingement syndrome, right elbow lateral epicondylitis, lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac joint arthropathy, and mood disorder. Per the Primary Treating Physician's progress report dated July 30, 2015, medications were helpful in alleviating the injured worker's pain. The injured worker was noted to have had a recent fall where he reached out with his left arm to prevent him from falling, with tingling pain in the left shoulder since then. Examination of the bilateral shoulders was noted to show well healed incisions bilaterally with tenderness to palpation over the acromioclavicular joint, and positive Neer's, Hawkin's, and O'Brien's tests. The sensory evaluation was noted to show sensation diminished to light touch and pinprick at the right C5-C6 and right L5-S1 dermatomal distribution. The Physician noted requesting a MRI scan of the left shoulder to assess the injured worker's complaints since his recent fall. The injured worker's work status was noted to be to remain off work. The physical exams, dated May 30, 2015, and July 30, 2015, revealed initiation of pain in the left shoulder resulting from a fall noted in the July report, with the bilateral shoulder examinations unchanged. The treating physician indicates that a right elbow MRI dated June 2, 2014, was noted to show lateral epicondylitis and a tear of

the radial collateral ligament with small elbow joint effusion. Prior treatments have included psychological treatments, physical therapy without benefit, left shoulder surgery, and current medications of Nalfon, Prilosec, Norco, and Soma. The request for authorization dated August 17, 2015, included a request for one MRI of the left shoulder. The Utilization Review (UR) dated August 24, 2015, non-certified the request for one MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 (ODG), Shoulder (Acute & Chronic) - MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant has a remote history of a work injury in March 2003 and is being treated for neck, low back, bilateral knee, and bilateral shoulder pain. An MRI of the left shoulder in December 2011 included findings of rotator cuff tendinosis with moderate acromioclavicular joint degeneration and post-operative findings. When seen, he had fallen recently when his left leg buckled. He was using a cane and having right shoulder and elbow pain. Physical examination findings included bilateral acromioclavicular joint tenderness with positive impingement testing. There was decreased right upper extremity and lower extremity sensation. Recommendations included a left shoulder MRI. Applicable indications in this case for obtaining an MRI of the shoulder include the presence of red flags such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there are no identified red flags and no reported left shoulder complaints. Physical examination findings are consistent with the imaging already performed in 2011. A repeat MRI is not medically necessary.