

Case Number:	CM15-0185174		
Date Assigned:	10/01/2015	Date of Injury:	06/12/2013
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 34 year old, female who sustained a work related injury on 6-12-13. A review of the medical records shows she is being treated for left neck, left arm and left scapular pain. Treatments have included physical therapy, home exercises and acupuncture. Current medications include Tramadol, Flexeril, Topamax, Pantoprazole and Fenoprofen. In the progress notes, the injured worker reports "75% worsened" pain in her left neck, left arm and left scapula. She reports pain has "increased" for 2-1-2 weeks. She rates her neck and arm pain a 6 out of 10 and her shoulder pain as 7 out of 10. The pain is worse with overhead activity and lifting. She reports burning sensation in the left upper scapula and over the clavicle and shoulder has been "worsening." On physical exam dated 6-24-15, she has painful and decreased range of motion in neck. She has tenderness over the left proximal clavicle and left acromioclavicular joint, left acromion, left trapezius and scapular borders. She has pain with left shoulder range of motion. She is working modified duty full-time. The treatment plan includes a left shoulder to include clavicle MRI, to continue home exercises and refills of medications. In the Utilization Review dated 9-2-15, the requested treatments of a left subacromial injection and a clavicle MRI are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subacromial injection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines support the use of steroid injection into the shoulder joint as an optional treatment for shoulder impingement syndrome. In this setting, the corticosteroid medication is injected into the subacromial bursa. The submitted and reviewed documentation concluded the worker was suffering from acromioclavicular joint arthritis and bursitis, among other issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an injection of an unspecified medication into the left subacromial area is not medically necessary.

Clavicle MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate, there are signs, and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was suffering from acromioclavicular joint arthritis and bursitis, among other issues. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery at the time of the request, or describing special circumstances that sufficiently supported this request. Further, the request only included imaging of the clavicle and did not specify the side, which would not allow for a determination of medical necessity. For these reasons, the current request for a MRI of the unspecified clavicle is not medically necessary.