

Case Number:	CM15-0187633		
Date Assigned:	09/29/2015	Date of Injury:	02/08/2012
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 02-08-2012. She has reported subsequent left shoulder and left knee pain and was diagnosed with rotator cuff sprain, chronic pain syndrome, depressive disorder, severe left cervical radiculopathy and pain in the shoulder region. Treatment to date has included pain medication, bracing, application of heat and ice and physical therapy. Work status was documented as modified. In a progress note dated 05-21-2015, the injured worker reported 5 out of 10 left shoulder pain. Objective findings showed tenderness of the bilateral knees along the medial joint line and continued loss of strength to internal and external rotation of the left shoulder. The physician noted that the injured worker had previously had good results with physical therapy but remained symptomatic and would greatly benefit from therapy. In a progress note dated 08-04-2015, the injured worker reported taking very minimal medication and that off the medication the injured worker was more alert. The injured worker was using lumbar and bilateral knee bracing for support. Some improvement in mood was noted. Objective findings showed severe cervical and lumbar spine tenderness and left upper extremity weakness and both knees were tender. In a progress note dated 08-10-2015, the injured worker reported increasing pain in the left shoulder and left knee. The physician notes that the injured worker had stopped taking her medication for pain because the medication was not helping anymore. Pain was rated as a 10 out of 10. The injured worker was noted as being very depressed and frustrated due to pain. Objective examination findings revealed swelling to the left lower extremity. The physician noted that aquatic physical therapy was recommended and that an MR arthrogram of the left shoulder was recommended to help evaluate the injured worker further. A request for authorization of MR arthrogram of the left shoulder was submitted. As per the 08-24-2015 utilization review, the request for MR arthrogram of the left shoulder was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram left shoulder: Upheld

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

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies 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). The provided documentation for review does not show emergence of red flags. There are no new neurologic or physiologic deficits noted and no planned invasive procedure. Therefore, the request is not medically necessary.