

Case Number:	CM15-0198090		
Date Assigned:	10/13/2015	Date of Injury:	03/27/2015
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

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

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 53 year old female who sustained an industrial injury on 03/27/2015. Medical records indicated the worker was treated for left shoulder pain and diffuse bilateral upper extremity pain. Treatment to date has included physical therapy and medications. In the provider notes of 09-21-2015, the worker continues to have limited movement in the left shoulder post cortisone injection. She also has painful movement in right thumb with occasional triggering noted. Objectively she had tenderness at base of right thumb that was painful with movement and tenderness in the left shoulder AC joint (acromioclavicular joint). An electromyogram, nerve conduction velocity and F-wave latency studies were done 05-01-2015 and showed no evidence of cervical radiculopathy, no electromyography abnormalities. She had bilateral carpal tunnel pathology that was mild to moderate. Clinically, she has evidence of associated tendonitis over both forearm and wrists. The plan is to continue modified work on 09-21-2015. MRI studies were ordered. No report of prior studies is found. A request for authorization was submitted for MRI without Contrast for the Left Shoulder. A utilization review decision 09-10-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast for the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Shoulder Disorders, Rotator Cuff Tendinopathy; Clinical Measures, Diagnostic Investigations, MRI.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

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 treating physician does not document effects of conservative treatment or preparation for an invasive treatment that would require clarification. Further, the physical exam notes in the available medical record do not detail any "red flag" symptomology or any reason to suspect labral tear. As such, the request for MRI of the left shoulder is not medically necessary.