

Case Number:	CM15-0198570		
Date Assigned:	10/14/2015	Date of Injury:	07/22/2015
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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 34 year old female, who sustained an industrial injury on 7-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for history of closed head injury with residual headaches, ear pain, and visual disturbances, cervical spine sprain-strain with possible associated discopathy, clinical left upper extremity radiculopathy, tendinitis-impingement syndrome of the left shoulder with possible rotator cuff tear, and left knee sprain-strain with possible internal derangement. On 8-24-2015, the injured worker reported constant pain and stiffness to her neck with frequent headaches, throbbing pain to the left ear, and seeing "white spots", with constant pain and stiffness of the left shoulder, pain and popping in her left knee, and pain to the left elbow, left arm, left hip, and low back. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker presented for symptoms to her head, neck, left shoulder, and left knee. The injured worker's current medications were noted to include Naproxen and Tylenol. The physical examination of the left shoulder was noted to show tenderness to palpation over the proximal humerus region and greater tuberosity with limited range of motion (ROM), positive impingement sign, and sensation decreased to light touch and pinprick in the left upper extremity. The treatment plan was noted to include physical therapy, Ultram and Prilosec prescription, recommendation for a neurology consultation for evaluation and possible treatment of the injured worker's closed head injury sequelae, and MRI studies of the cervical spine, left shoulder, and left knee to rule out disc herniations and internal derangement. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 9-24-2015, requested a MRI of

the left shoulder. The Utilization Review (UR) dated 9-30-2015, denied the request for a 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:

MRI of left shoulder: Upheld

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

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 sustained a work injury on 07/22/15 when, while working as a packer and pushing a cart, she tripped and fell landing on her left side. An x-ray of the left shoulder on 07/22/15 was negative. She was seen for an initial evaluation by the requesting provider on 08/24/15. She was having constant neck pain and stiffness with frequent headaches, constant left shoulder pain and stiffness, left knee pain and popping, and left elbow, arm, hip, and low back pain. Physical examination findings included proximal left humerus and greater tuberosity tenderness. There was decreased shoulder range of motion with positive impingement testing and negative apprehension and drop arm tests. There was decreased bilateral upper extremity strength and decreased left upper extremity sensation. Medications were prescribed and she was referred for physical therapy. MRI scans were requested including an MRI of the left shoulder. Applicable indications for obtaining an MRI of the shoulder include acute shoulder trauma when a rotator cuff tear or impingement is suspected, with normal plain radiographs, and when the patient is over age 40. In this case, the claimant was referred for physical therapy and medications were prescribed. There was negative drop arm testing and negative apprehension testing which would not be consistent with a complete rotator cuff tear or instability. The claimant is only 34 years old. The left shoulder MRI, when requested, was not medically necessary.