

Case Number:	CM15-0204109		
Date Assigned:	10/20/2015	Date of Injury:	08/22/2015
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury on 08-22-2015. Medical records indicated the worker was treated for trauma to the knees, chest, breast, both wrists and hands and both elbows. In the provider notes of 09-17-2015 the injured worker has multiple orthopedic complaints including bilateral shoulder joint pain that radiated into both shoulder blades, Lying on either side, lifting, rising the arms up, reaching down and out, and pulling increased the pain. On examination of the bilateral shoulders, there is noted an 8 cm surgical scar over the anterior chest-left shoulder. There is difficulty with use of the left shoulder and tenderness to palpation over the anterior aspect of the bilateral shoulders and the lateral aspect on the left. There is positive Neer, Hawkins, and Jobe's sign, left greater than right. Range of motion of the shoulders is limited and painful. Muscle strength is 3 out of 5 on the left with external rotation and abduction. The worker is unable to elevate the left shoulder actively. The worker is on Metformin and Tylenol. Reports of X-rays and of the bilateral shoulders note no acute fractures or dislocations. There were narrowing and hypertrophic changes of the acromioclavicular joints bilaterally. Calcification adjacent to the greater tuberosity was observed, suggested calcific tendinitis. Treatment plan s included requesting a MRI of the left shoulder and cervical spine for diagnostic purposes. The worker was considered temporarily totally disabled. A request for authorization was submitted for 1 MRI left shoulder a utilization review decision 10-05-2015 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 left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI shoulder.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's relevant (to the issue) working diagnoses are left shoulder sprain strain; and right shoulder sprain strain. Date of injury is August 22, 2015. Request for authorization is September 28, 2015. According to a new patient evaluation dated September 17, 2015, the injured worker complains of bilateral shoulder pain that radiates to the shoulder blades upon raising the arms. Additional injuries include the chin, neck, ribs and knees. Objectively, there is tenderness to palpation of the anterior aspect of the bilateral shoulders and lateral left shoulder. There is a positive Neer's and Hawkins' sign. There is decreased range of motion whereby the injured worker is unable to elevate the arm. Documentation from other providers seen prior to the September 17, 2015 progress note is not included in the medical record and the treating provider has not reviewed this documentation. There is no documentation of conservative treatment (i.e. physical therapy). There is no documentation of anticipated surgery. There are no red flags documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation the treating provider reviewed all medical records by other treating providers to date, no documentation of conservative treatment (i.e. physiotherapy) and no documentation indicating anticipated surgery, MRI left shoulder is not medically necessary.