

Case Number:	CM15-0218555		
Date Assigned:	11/10/2015	Date of Injury:	07/22/2015
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34-year-old female who sustained a work-related injury on 7-22-15. She reported injuries to her head, neck, left shoulder, left elbow, left hip, low back and left knee in a trip and fall incident. She had physical therapy and was returned to work with restrictions. Medical record documentation on 8-24-15 revealed the injured worker was being treated for a history of closed head injury with residual headaches, ear pain and vision disturbances, cervical spine sprain-strain with associated discopathy, 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. She reported constant pain and stiffness in the neck with frequent headaches, throbbing pain in the left ear, seeing "white spots," constant pain and stiffness in the left shoulder, pain and popping in the left knee and pain in her left elbow, left arm, left hip and low back. Objective findings included a level shoulder girdle. She had tenderness to palpation over the proximal humerus region and the greater tuberosity and her left shoulder range of motion was limited with flexion to 145 degrees, extension to 25 degrees, abduction to 130 degrees, adduction to 20 degrees, external rotation to 60 degrees and internal rotation to 55 degrees. She had a positive impingement sign and negative drop arm and apprehension testing. Her motor power was 4-5 in the bilateral upper extremities. She had decreased sensation to light touch and pinprick in the left upper extremity. Her treatment plan included conservative therapy and diagnostic testing to include physical therapy, medications, and MRI of the cervical spine, left shoulder and left knee. A request for MRI of the left shoulder was received on 10-21-15. On 10-27-15, the Utilization Review physician determined MRI of the left shoulder was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise or defined cuff pathology on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI without failed conservative treatment of therapy, modified activities, and pharmacological intervention. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left shoulder is not medically necessary and appropriate.