

Case Number:	CM15-0032552		
Date Assigned:	02/26/2015	Date of Injury:	02/01/2013
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 46-year-old female, who sustained an industrial injury on 02/01/2013. The diagnoses have included neck pain, cervical radiculopathy, thoracic disc degeneration, thoracic spine pain, shoulder impingement syndrome, shoulder joint pain, and shoulder bursitis. Noted treatments to date have included injections, physical therapy, and medications. Diagnostics to date have included thoracic MRI on 06/13/2013, which showed mild disc desiccation at T3-4 and T4-5 with evidence of an intramuscular lymphoma in the left paraspinal soft tissue around the T7 level according to a progress note. In the same progress note dated 01/30/2015, the injured worker presented with complaints of cervical spine and shoulder pain. The treating physician reported the injured worker has had extensive conservative treatment with minimal improvement. Utilization Review determination on 02/10/2015 non-certified the request for MRI Left Shoulder and Consultation for Possible Shoulder Surgery citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for MRI OF THE LEFT SHOULDER. Review of the reports does not indicate if the patient had a prior MRI of the left shoulder. Per 10/01/14 progress report, one of the diagnoses is likely concurrent left rotator cuff impingement. The patient has pain in both the shoulders and cervical-thoracic spine, it is impossible to distinguish the two. The treater recommends a left rotator cuff injection first and if the shoulder injection does not work then epidural injection on T3-4 level. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. In this case, the patient presents with suspected left rotator cuff and the treater plans a possible shoulder surgery. Given the patient has not had a previous MRI in the past and plans to have a surgery, the requested MRI IS medically necessary.

Consultation for possible shoulder surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for CONSULTATION FOR POSSIBLE SHOULDER SURGERY. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater requested consultation for a possible shoulder surgery. The patient suffers from left shoulder pain with significant loss of function and range of motion. MRI of the left shoulder is being requested. The request IS medically necessary.