

Case Number:	CM15-0042802		
Date Assigned:	03/12/2015	Date of Injury:	03/17/2014
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old female, who sustained an industrial injury on March 17, 2014. She reported facial pain, neck pain and left shoulder pain. Diagnoses have included head injury with residual pain, cervical spine strain/sprain, rule out cervical spine radiculopathy, and bilateral shoulder strain/sprain, rule out internal derangement. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated January 5, 2014 indicates a chief complaint of neck pain radiating to the arms with numbness and tingling, right facial pain, and bilateral shoulder pain. The treating physician documented a plan of care that included medications, x-rays of the cervical spine and bilateral shoulders, computed tomography of the head, magnetic resonance imaging of the cervical spine and bilateral shoulders, electromyogram/nerve conduction velocity studies of the bilateral upper extremities, functional capacity evaluation, physical therapy, acupuncture, shockwave therapy, and a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195 - 220.

Decision rationale: The patient is a 56 year old female who tripped and fell at work on 03/17/2014. She landed on her face and right shoulder. X-rays were negative. She has a history of right shoulder surgery. On 01/05/2015, she had an office visit with an orthopedist and MRIs of cervical spine, right shoulder and left shoulder were ordered. There was no history of new trauma or injury. Bilateral shoulder range of motion was almost normal within 10 degrees. Except for the right shoulder finding of previous surgery, the impression of each shoulder MRI was tendinosis of supraspinatus, infraspinatus and biceps tendons, bursitis and degenerative changes. The left shoulder MRI was not consistent with MTUS ACOEM guidelines. First she fell and landed on her right shoulder, not left. There were no red flag signs of left shoulder injury. The left shoulder pain was relieved with rest, activity modification and medication. She was not an imminent surgical candidate. The ordering of three MRIs during an initial visit with this patient was not consistent with ACOEM guidelines.