

Case Number:	CM15-0047671		
Date Assigned:	03/19/2015	Date of Injury:	12/28/2014
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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 58-year-old female, with a reported date of injury of 12/28/2014. The diagnoses include left shoulder sprain/strain, cervical radiculopathy, and cervical sprain/strain. Treatments to date have included chiropractic therapy, an x-ray of the cervical spine, and oral medications. The progress report dated 01/05/2015 indicates that the injured worker complained of neck pain. She denied any numbness or tingling of the arms, or weakness of the upper extremities. The injured worker also complained of left shoulder pain, with weakness. The objective findings include no loss of cervical lordosis, neck stiffness, posterior cervical tenderness, paracervical muscle tenderness, unrestricted and weak range of motion of the neck, tenderness of the left acromioclavicular joints, tenderness of the left subacromial regions, tenderness of the left rotator cuff, and restricted left shoulder range of motion. The follow-up patient narrative report dated 02/06/2015 indicates that the injured worker complained of neck pain, with numbness/tingling of the arm. There were no complaints of neck motion restrictions. It was noted that the injured worker complained of radiating numbness into her left hand occasionally. The treating physician requested an MRI of the left shoulder due to lack of progress and radiculopathy.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder without contrast is not medically necessary. MRI and arthroscopy 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 working diagnoses are cervical radiculopathy; and sprain/strain left shoulder. The documentation from a February 6, 2015 progress note (that correlates with the request for authorization dated February 11, 2015) does not contain subjective complaints of left shoulder discomfort or pain. Objectively, there is no physical examination of the left shoulder. There are no plain left shoulder x-rays. Consequently, absent clinical documentation with subjective and objective clinical findings of left shoulder pain with radiographic findings, MRI left shoulder without contrast is not medically necessary.