

Case Number:	CM15-0053127		
Date Assigned:	03/26/2015	Date of Injury:	10/20/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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, Pain Management

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 40 year old male who sustained a work related injury on October 20, 2014, incurring neck and shoulder injuries. He was diagnosed with left shoulder impingement syndrome, lumbar radiculopathy, and left carpal tunnel syndrome. Treatment included chiropractic manipulation, acupuncture sessions, and pain medications. Currently, the injured worker complained of persistent shoulder pain and wrist pain associated with numbness, tingling and weakness in the fingers. Shoulder ROM is minimally decreased. Shoulder pain has improved secondary to acupuncture. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging (MRI) of the left shoulder.

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 207-209 and 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, the patient's shoulder ROM is minimally reduced and there are no clinical findings suggestive of impingement, rotator cuff tear, or other significant injury. Furthermore, it does not appear the patient has failed conservative treatment options, as the pain is noted to be improving secondary to treatment such as acupuncture. In the absence of clarity regarding the above issues, the currently requested shoulder MRI is not medically necessary.