

Case Number:	CM15-0060928		
Date Assigned:	04/07/2015	Date of Injury:	04/12/2005
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on April 12, 2005. The injured worker was diagnosed as having shoulder contusion, shoulder/arm sprain, shoulder impingement, wrist sprain, wrist contusion, lumbar sprain, thoracic spondylosis without myelopathy, lumbar neuritis or radiculitis, and loss of balance with fall. Treatment to date has included a left shoulder cortisone injection, and medication. Currently, the injured worker complains of constant moderate left shoulder pain that radiates down his left elbow, moderate left wrist and hand pain with weakness, and moderate to severe low back pain that radiates down his legs to the level of his knees with numbness and tingling in his feet. The Primary Treating Physician's report dated January 23, 2015, noted the injured worker reported no relief from a cortisone injection to his left shoulder administered at the previous office visit. Examination of the left shoulder was noted to show atrophy of the anterior/posterior cuff, with positive impingement, Neer's, Hawkin's, and supraspinatus impingement tests. The current medications were dispensed and listed as Ultram, Nalfon, and Flexeril. The Physician requested authorization for a MRI of the left shoulder to rule out impingement and/or rotator cuff tears, based on the injured worker's current symptoms, examination findings, and failure to respond to conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g.,cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore, the request is not medically necessary.