

Case Number:	CM15-0084436		
Date Assigned:	05/06/2015	Date of Injury:	04/17/2014
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/01/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 25 year old male, who sustained an industrial/work injury on 4/17/14. He reported initial complaints of left wrist and shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff syndrome, rule out tear. Treatment to date has included medication, diagnostics, physical therapy, activity modification, injections. Currently, the injured worker complains of constant left shoulder pain rated 8/10 that is aggravated by overhead use/lifting/pushing. There was also numbness and burning sensation with left wrist/hand pain and loss of strength. Symptoms impacted sleep and caused stress. Per the primary physician's progress report (PR-2) on 3/5/15, examination revealed cervical spine with full range of motion, left levator scapulae tenderness, positive shoulder depression test on the left, negative cervical compression test and intact sensation to C5-7 both upper extremities, left shoulder slight limitation of motion, positive Neer and Hawkin's sign on the right and 4/5 strength flexion/abduction/external rotation on the left. Current plan of care included diagnostic testing and a topical analgesic gel. The requested treatments include 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 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM 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)." ODG states "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 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. (Mays, 2008)" This Injured Worker is noted to have had a previous MRI of the left shoulder and the medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags or significant worsening in symptoms as required by the above guidelines. As such, the request for MRI left shoulder is not medically necessary.