

Case Number:	CM15-0087576		
Date Assigned:	05/11/2015	Date of Injury:	10/18/2011
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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: Emergency 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 43 year old female, who sustained an industrial injury on 10/18/2011. She reported sustaining an injury to the left shoulder and arm after walking with a client who was using the injured worker's left arm for support. The injured worker noted that the client was starting to fall pulling forcefully on the left arm causing pain to the left shoulder and arm. The injured worker was diagnosed as having cervical radicular neuropathy/suprascapular neuralgia, shoulder sprain/strain, and status post left shoulder surgery. Treatment and diagnostic studies to date has included x-rays, medication regimen, physical therapy, magnetic resonance imaging of the left shoulder, status post left shoulder surgery, and chiropractic therapy. In a progress note dated 03/25/2015 the treating physician reports complaints of frequent, aching left shoulder pain that radiates to the neck, left shoulder blade, left arm, and finger level along with frequent, aching left forearm pain that radiates to the neck. The pain is rated a 3 on a scale of 1 to 10. The injured worker also notes popping to the left shoulder, numbness and tingling to the left hand/fingers, headaches, and stiffness with the pain. On examination the injured worker had tenderness to palpation over the posterior aspect of the left shoulder with associated radiation to the neck area with positive Apley maneuvers and positive apprehension test. The progress note form 03/05/2015 also notes previous magnetic resonance imaging with the date unknown to the left shoulder was remarkable for damage. The treating physician requested an magnetic resonance imaging of the left shoulder with the treating physician noting that the injured worker has progressive symptoms with the expectation of improvement in range of motion and a

decrease in pain to the left shoulder therefore the treating physician recommends a re-evaluation with a specialist along with the this request for an magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

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

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

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag(limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. Objective exam is at baseline and unchanged for a year. There is no plan for surgery. Several prior MRIs were done in the past and the exam and complaint is unchanged. MRI of left shoulder for chronic unchanged condition is not medically necessary.