

Case Number:	CM14-0115787		
Date Assigned:	08/04/2014	Date of Injury:	07/05/2011
Decision Date:	10/28/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported a work related injury on 07/05/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consistent of impingement with rotator cuff syndrome of the left shoulder. Past treatment was not provided for review. Diagnostic studies were not provided for review. Upon examination of 06/16/2014, the injured worker complained of left shoulder pain and stiffness. The injured worker had a right shoulder surgery on 04/23/2013 and noted pain and stiffness in the left shoulder. Examination of the shoulder it was revealed that the injured worker had diffuse tenderness more marked at the AC joint area. Range of motion was painful and restricted at forward flexion at 145 degrees, abduction 90 degrees, external rotation 60 degrees, internal rotation 45 degrees, extension 40 degrees, and abduction 30 degrees. The Neer's and Hawkin's signs were both positive on the left. There were no sensory deficits noted in the upper extremities. Muscle strength in the right shoulder is 4+/5 and left shoulder 4/5. The injured worker's prescribed medications include acetaminophen. The injured worker's treatment plan consisted of an x-ray of the left shoulder as well as an MRI of the left shoulder. Further treatment was noted to be dependent on the re-evaluation of the injured worker's x-ray and MRI. The rationale for the request was to decide on further treatment. A Request for Authorization form was not submitted for review.

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

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

Decision rationale: The request for MRI of the left shoulder is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed for injured workers with shoulder complaints, lasting 4 to 6 weeks if conservative care and observation fails to improve. The criteria for imaging includes the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure as needed; and clarification of the anatomy prior to an invasive procedure is needed. In regards to the injured worker, there is no documentation of a failed trial of conservative treatment. Additionally, there was a lack of documentation that the injured worker had evidence of tissue insult or neurovascular dysfunction or that the physician was planning an invasive procedure for which the MRI would be needed to provide clarification of the anatomy. Additionally, documentation offered no evidence that an x-ray had been done prior to the request for an MRI of the left shoulder. Therefore, based on the lack of objective evidence of significant neurological deficits, the necessity of an MRI cannot be determined. Therefore, the request for an MRI of the left shoulder is not medically necessary.