

Case Number:	CM14-0125101		
Date Assigned:	08/11/2014	Date of Injury:	06/03/2008
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation and Pain Medicine 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 63-year-old male who sustained an injury on 6/3/08. As per the report of 6/11/14 the patient complained of left shoulder and low back pain. Left shoulder pain was first reported on 4/14/14 and he was diagnosed with left shoulder impingement. Exam of his left shoulder revealed 160 degrees of abduction which was unchanged from 4/14/14. He had an MRI of lumbar spine on 2/17/14, which showed a large extruded herniated disc at L4-5 towards the right side, and was recommended a lumbar surgery. Current medications include 3-4 Tramadol a day; Ultram, Prilosec and Naprosyn were prescribed earlier; however, there is no documentation if he is taking these currently. Past treatments have included physical therapy for low back and medications. He remains P&S. Diagnosis: Joint pain - Shoulder. No other therapies or information about past surgeries were documented in the clinical records submitted with this request. The request for MRI Left Shoulder was denied on 7/17/14.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Per CA MTUS/ACOEM guidelines, special studies are not indicated unless a four to six week period of conservative management failed to improve symptoms. Cases of shoulder pain due to rotator cuff pathology or DJD are managed the same, provided red flag symptoms are ruled out. Primary criteria for imaging studies of the shoulder are: Red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. In this case, the IW has already been diagnosed with impingement syndrome. Furthermore, the above criteria are not met. Thus the medical necessity of the requested service cannot be established; the MRI of the left shoulder is not medically necessary.