

Case Number:	CM14-0131691		
Date Assigned:	09/16/2014	Date of Injury:	10/27/2013
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52-year-old female who reported a date of injury of 10/27/2013. The mechanism of injury was reported as a pulling injury. The injured worker had diagnoses of left shoulder rotator cuff injury, lower back strain with possible right sided radiculopathy, left shoulder sprain/strain, back pain, and bicipital tendonitis of the left shoulder. Prior treatments included physical therapy. The injured worker had x-rays of the left shoulder and lumbar spine of unknown date with unofficial reports indicating normal studies. The injured worker had complaints of persistent left shoulder pain with range of motion during strenuous activities, increasing lower back symptoms, and difficulty standing or walking. The clinical note dated 07/28/2014 noted the injured worker's range of motion of the shoulders bilaterally were normal, but complained of pain with extreme range of motion of the left shoulder, a positive impingement test on the left, and intact sensations to light touch and pinprick of all dermatomes. The injured worker had 4/5 shoulder abductor muscle strength in the left shoulder, pain with extreme range of motion of the lumbar spine, and all other tests were normal. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation for acupuncture and over the counter anti-inflammatories as needed. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker had complaints of persistent left shoulder pain with range of motion during strenuous activities, increasing lower back symptoms, and difficulty standing or walking. The California MTUS/ACOEM Guidelines state special studies are not needed for most patients with shoulder problems, unless a 4 to 6 week period of conservative treatment and observation fails to improve symptoms. Specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Shoulder instability can be treated with stabilization exercises, whereas radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after 4 weeks, and unexplained physical findings, such as effusion or localized pain, especially following exercises, imaging may be indicated to clarify the diagnosis and assist reconditioning. The primary criteria for ordering imaging studies are physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. MRIs are best suited to identify and define shoulder pathology for a rotator cuff tear, recurrent dislocation, tumors, and infection. The guidelines indicate imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when red flags are noted on history or examination, and raise suspicion of a serious shoulder condition or referred pain. There is a lack of documentation the injured worker has red flags with the left shoulder, or the suspicion of a serious shoulder condition or referred pain. Upon examination, the injured worker was noted to have normal range of motion of the left shoulder and was non-tender, but had complaints of pain with extreme range of motion and a positive impingement test. There is a lack of documentation indicating the injured worker has significant functional and neurological deficits to warrant an imaging study. Furthermore, there is a lack of documentation the injured worker has been unresponsive to at least 4 to 6 weeks of conservative treatment. As such, the request is not medically necessary.