

Case Number:	CM14-0140994		
Date Assigned:	09/10/2014	Date of Injury:	12/27/2008
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Illinois. 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 68 year old female, per the clinical note dated 07/31/2014, with a reported date of injury of 12/27/2006. The mechanism of injury was reported as a pulling injury. The injured worker had diagnoses of left shoulder tendonitis/impingement syndrome, left upper extremity parasthesis and cervical sprain/strain status post cervical spine surgery. Prior treatments included acupuncture and an epidural. The injured worker had an magnetic resonance imaging (MRI) and x-ray of unknown dates; official reports were not included within the medical records received. Surgeries included an unspecified cervical spine surgery on 02/14/2009. The injured worker had complaints of shoulder pain with numbness radiating to her left hand and fingers, numbness of the upper back, and arms and hands. The injured worker rated her pain 10/10. The injured worker indicated the pain was intensified with twisting and standing, with weakness of the neck and left hand and would experience swelling of both hands and locking of the left fingers. The clinical note dated 07/31/2014 noted the injured worker had tenderness to palpation of the left supraspinatus. Range of motion of the shoulder demonstrated 120 degrees of flexion on the right and 100 degrees on the left, 130 degrees of abduction to the right and 110 degrees to the left, 65 degrees of internal rotation to the right and 60 degrees to the left, 80 degrees of external rotation on the right and 70 degrees on the left, 35 degrees of extension on the right and 30 on the left and 45 degrees of adduction to the right and 30 degrees to the left. Medications included Hydrocodone. The treatment plan included the physician's recommendation for an MRI of the shoulder without contrast and recommended the injured worker follow up six weeks later. The physician recommended an updated MRO of the left shoulder. The request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Magnetic Resonance Imaging (MRI) without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment In Worker's Compensation; Chapter Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging (MRI).

Decision rationale: The request for a Left shoulder MRI without contrast is not medically necessary. The injured worker had complaints of back and shoulder pain with numbness radiating to her left hand and fingers, numbness of the upper back, arms and hands. The injured worker indicated the pain was 10/10 and intensified with twisting and standing, with weakness of the neck and left hand and would experience swelling in both hands and locking of the left fingers. The Official Disability Guidelines note repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation indicating the injured worker has significant objective functional deficits and positive provocative testing which would indicate the injured worker's need for an MRI. The requesting physician did not provide the prior MRI of the left shoulder for review. There is no indication that the injured worker had a significant change in symptoms and/or findings suggestive of significant pathology. As such, the request for Left Shoulder Magnetic Resonance Imaging (MRI) without Contrast is not medically necessary.