

Case Number:	CM14-0149057		
Date Assigned:	11/13/2014	Date of Injury:	10/29/2007
Decision Date:	12/19/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/14/2014

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 Interventional Spine, 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 patient is a 56-year-old female with a date of injury of 10/29/2007. According to progress report 08/04/2014, the patient presents with continued left shoulder pain with occasional numbness and tingling into her fingers. The patient's past surgical history includes SLAP repair on the left in 2008 and shoulder manipulation in 2009. Examination revealed tenderness in the anterior bursa and posterior bursa in the left shoulder. There is positive Neer's, Hawkins', and Jobe's on the left. Range of motion of the left shoulder was limited due to pain on all planes. The listed diagnoses are 1. Rotator cuff syndrome, NOS 2. Adhesive capsulitis, shoulder, 3. Joint pain, shoulder. The treater is requesting an MRI of the left shoulder without contrast. Utilization review denied the request on 08/15/2014. Treatment reports from 03/19/2014 to 10/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Shoulder Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>)

Decision rationale: This patient presents with continued left shoulder pain with weakness and occasional numbness and tingling in all of her fingers. The treater is requesting MRI of the left shoulder without contrast. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 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." ODG guidelines supports an MRI of shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. Review of the medical file indicates the patient had an MRI of the left shoulder on 12/12/2013, which revealed mild partial tear/tendinosis involving the bursa surface and articular surface of the supraspinatus tendon and mild degenerative hypertrophy of the acromioclavicular joint. Post superior labral surgical repair was noted. X-ray of the left shoulder from 08/04/2014 revealed "single anchor in the superior glenoid without evidence of loosening, adequate resection of the undersurface of the acromial, and no evidence of glenohumeral osteoarthritis." In this case, there are no new injuries, no significant changes in examination, or new location of symptoms requiring additional investigation. Therefore the request is not medically necessary.