

Case Number:	CM14-0152092		
Date Assigned:	09/22/2014	Date of Injury:	07/14/2013
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 07/14/2013 while stopping for lunch at [REDACTED] restaurant he went to the restroom and stated the floor was wet which caused him to slip and he hit his left elbow and shoulder against the door. Diagnoses were low back strain, neck pain/strain, left elbow contusion, resulting lateral epicondylitis. The injured worker had 2 injections to his left elbow in the past and 3 to his right elbow for similar problems, previous left shoulder strain, pre-existing, and multiple nonindustrial health issues. Past treatments were medications, chiropractic treatments, physical therapy, injections to the left elbow. Physical examination on 09/04/2013 revealed complaints of frequent and moderate pain. It was reported that physical therapy was no longer helping much. The injured worker had completed 10 or 11 of the 12 prescribed sessions. Head and neck movements were limited by pain. The injured worker complained of increased occipital headaches since last visit. Range of motion for the neck was slightly to moderately restricted by pain and tightness and tender and tight along the trapezii. The injured worker was tender over left paravertebral area of low back and in area of left SI joint. There was moderate tenderness over the lateral epicondyle of left elbow. This extended to adjacent forearm. Pain was exacerbated with movements of elbow. There was full range of motion at the elbow and wrist. No apparent neurological deficits. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Magnetic resonance imaging

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

Decision rationale: The decision for MRI (magnetic resonance imaging) of the left shoulder is not medically necessary. The California MTUS/ACOEM Guidelines state primary criteria for ordering imaging studies or emergence of a red flag, physiologic evidence of tissues 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. Routine testing (laboratory tests, plain film radiographs of the shoulder) and more 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 of whether radiograph show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function, in older workers, these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises, stress 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, imaging may be indicated to clarify the diagnosis and assist conditioning. Imaging findings can be correlated with physical findings. There were no neurological deficits reported upon physical examination of the injured worker. There was no emergence of a red flag. It was not reported that the injured worker was to have surgery. The clinical report was dated 09/04/2013. There were no current reports available for review. The clinical information submitted for review does not provide evidence to justify an MRI of the left shoulder. Therefore, this request is not medically necessary.