

Case Number:	CM14-0153343		
Date Assigned:	09/23/2014	Date of Injury:	07/05/2011
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 45-year-old female who reported an injury on 07/05/2011. The mechanism of injury was cumulative trauma. Prior therapies for the left shoulder included an injection. The diagnostic studies for the left shoulder were not provided. The documentation of 09/09/2014 revealed the injured worker was status post right shoulder arthroscopy, rotator cuff repair and excision of distal clavicle on 01/30/2014. The injured worker had pain in the left shoulder from favoring the right shoulder. The injured worker had a short period of improvement following a cortisone injection. The physical examination revealed forward flexion of the left shoulder was 170 degrees, as was the abduction. The injured worker had a painful arc with forward flexion. The diagnosis included left shoulder tendonitis flare up. The treatment plan included MRI scan of the left shoulder to determine whether there was a lesion that would predictably improve surgical treatment. There was a Request for Authorization submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 202, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure Summary

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, or a failure to progress in a strengthening program intended to avoid surgery. The clinical documentation submitted for review failed to indicate the injured worker had prior conservative care directed specifically at the left shoulder with the exception of an injection. There was a lack of documentation of physiologic evidence of tissue insult or neurovascular dysfunction. Given the above, the request for MRI of the left shoulder is not medically necessary.