

Case Number:	CM14-0160532		
Date Assigned:	10/06/2014	Date of Injury:	07/15/2011
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of July 15, 2011. A utilization review determination dated September 23, 2014, recommends non-certification for x-rays of the left shoulder. A request for authorization dated September 18, 2014, requests an MRI of the left shoulder and an x-ray of the left shoulder. A progress report dated August 22, 2014, identifies subjective complaints of right shoulder pain and left shoulder pain now with numbness in both hands. The note indicates that the patient had a good reaction to an anesthetic injection in the glenohumeral joint. The note indicates that the patient is having left shoulder pain and may need an MRI at some point to further evaluate the shoulder. Physical examination is not listed. The diagnoses include right shoulder adhesive capsulitis/frozen shoulder, right shoulder pain, and right cervical radiculopathy. A progress report dated August 13, 2014, identifies subjective complaints of pain in the neck, upper back, and both shoulders which radiates to the arms. The patient also complained of tingling and numbness and weakness in both arms and hands. Physical examination identifies tenderness to palpation around the superior trapezius muscles, significantly reduced right shoulder range of motion, and tenderness to palpation over the posterior aspect of the shoulder. Impingement maneuvers are negative, and the patient has a positive cross arm abduction test. Sensory examination reveals diminished sensation in the C5 and C6 dermatomes. Diagnoses include shoulder disorder of the bursa and tendon and cervicgia. The treatment plan recommends Naproxen, Prilosec, and Tramadol.

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. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the left shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff, or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for 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. Official Disability Guidelines (ODG) recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there are no recent objective examination findings of the shoulder in an attempt to create a differential diagnosis with regards to the patient's left shoulder complaints. Additionally, it is unclear what conservative treatment has been directed towards the patient's left shoulder complaints. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested left shoulder MRI is not medically necessary.