

Case Number:	CM14-0163877		
Date Assigned:	10/08/2014	Date of Injury:	03/09/2012
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal 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:

The injured worker (IW) is a 60 year-old woman who reports she first noticed a gradual onset of her medical problem while at work. When asked how the injury or the accident happened, she states, from the repetitive use and movement of her hands and arms from inspecting electronic parts all day. The injury occurred from June 8, 2011 to June 8, 2012. The IW complains of constant sharp-stabbing left shoulder pain that radiates down her arm. Pain increases with walking, lying, lifting, pulling, pushing, gripping, grasping, typing, and driving. Pain decreases with rest and medication. The IW also complains of numbness, tingling, weakness, anxiety and insomnia. The IW was provided with an injection to her left shoulder. She was referred out for EMG testing and MRI scans. She was prescribed Voltaren, Protonix, Ultram, and Xanax. She was returned to modified duty. X-rays of the left shoulder revealed no fractures or bony abnormalities. Diagnostic impression include left shoulder impingement syndrome, left medial and lateral epicondylitis, and left carpal tunnel syndrome. Nerve conduction and EMG studies completed on January 9, 2013 of the left upper extremity revealed normal results. There is no electrophysiologic evidence for an entrapment neuropathy in the left upper extremity. MRI of the left shoulder was completed on July 28, 2012. Findings: Unremarkable exam. The IW continues to have moderate left shoulder pain, as well as discomfort involving the elbow. She has not noticed any significant improvement in her pain following the platelet-rich plasma injection. The plan is to repeat the MRI. Repeat MRI left shoulder dated August 8, 2013, Impression: Left shoulder tendonitis with labral defect noted. The IW was unable to complete previous requested MRIs of the shoulder due to claustrophobia. The recommendation is to complete the MRI of the left shoulder in a hospital setting with sedation. The injured worker (IW) returned to treating physician's office on May 14, 2014 for re-evaluation of ongoing discomfort in her left shoulder, following left shoulder arthroscopy, which occurred February 18, 2014. The IW had extensive

glenohumeral debridement, subacromial decompression. She states she is feeling better. She has no pain at rest and mild pain with activity. She describes an intermittent aching pain. She uses Tramadol on a daily basis for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Official Disability Guidelines, Section Shoulder Magnetic Resonance Imaging enumerates the criteria for imaging-magnetic resonance imaging. The indications are: 1) acute shoulder trauma, suspect rotator cuff tear/impingement; over the age of 40; normal plain radiographs. 2) Subacute shoulder pain where the treating physician suspects instability/labral tear. 3) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (Mays 2008). In this case, the injured worker initially had a negative MRI of the left shoulder. Due to persistent complaints referable to the left shoulder she underwent arthroscopic surgery of the affected left shoulder February 18, 2014. Post operatively she improved and was "feeling better" with no pain at rest in a subsequent progress note May 14, 2014. There was no subsequent history of acute shoulder trauma where the treating physician suspected a new rotator cuff tear or impingement and the patient was feeling improved clinically. There was no documentation in the medical record to suspect instability or labral tear clinically. And as per the ODG guidelines a repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. There were no findings suggestive of a significant change. Overall, there were no specific subjective shoulder complaints or abnormal findings on physical examination. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request for magnetic resonance imaging of left shoulder is not medically necessary.