MAXIMUS Federal Services

Case Number:	CM14-0169364		
Date Assigned:	10/17/2014	Date of Injury:	08/14/2003
Decision Date:	12/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 53-year-old man with a date of injury of August 14, 2003. The mechanism of injury occurred when the IW fell off a trailer. The injuries sustained were not documented in the medical record. Pursuant to the progress note dated September 4, 2014, the IW complains of left shoulder pain. He has numbness in all 5 digits, and soreness in the shoulder. He is unable to lift his arm overhead. Symptoms are aggravated by use, and relieved by nothing. The IW had an MRI in 2003, which showed degenerative joint disease and possible rotator cuff tear. He has been treated with physical therapy and acupuncture, but it did not help. X-rays of the shoulder were negative. Dates of the x-rays were not provided. On examination, range of motion is very limited. He can abduct to 30 degrees and forward flexion to 4 degrees. There is tenderness in all aspects and the entire hand is insensate. The provider is unable to check strength due to discomfort. Neurologic exam indicated that motor and sensory are grossly intact. The IW has been diagnosed with pain in joint involving shoulder region. Past medical history includes depression and head injury. The dates of onset were not documented in the medical record. Current medications include Trazadone, Norco 10/325mg, and Docusate Sodium. Previous surgeries includes back surgery, right hand surgery, and left wrist surgery. Dates of surgeries were not provided. The provider is recommending an MRI of the left shoulder.

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 Chapter 9 Shoulder Complaints Page(s): 207-209.

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 Section, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, magnetic resonance imaging of the left shoulder is not medically necessary. The guidelines provide indications for imaging. An MRI is recommended with acute shoulder trauma suspect rotator cuff tear/impingement, over the age of 40, normal plain x-rays; subacute shoulder pain suspect instability/labral tear and repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Primary criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. In this case, the injured worker sustained a work injury to his left shoulder August 14, 2003 (approximately 11 years ago). The injured worker had an unofficial MRI in 2003 (unofficial?) That noted degenerative joint disease and possible rotator cuff tear. X-rays of the shoulder were negative (unofficial). The injured worker received physical therapy and acupuncture. There is no documentation in the medical record as to when physical therapy and acupuncture actually took place. Acupuncture made his symptoms worse. Neurologic and motor examinations were unremarkable. The documentation did not provide any evidence of recent conservative treatment including medications, physical therapy or home exercises. There was no documentation of functional improvement. There was no progressive neurologic or neurovascular dysfunction. Access to the 2003 MRI of the left shoulder would've been helpful in review. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was no documentation indicating a significant change in symptoms or significant pathology. There was no emergence of a red flag. There was no neurovascular dysfunction. There was no anticipated surgery. Consequently, MRI of the left shoulder is not medically necessary.