

Case Number:	CM14-0170038		
Date Assigned:	10/20/2014	Date of Injury:	09/20/2011
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 has a subspecialty in Pulmonary Diseases, Critical Care Medicine & Sleep Medicine and is licensed to practice in Texas, Florida, Georgia, Louisiana, South Carolina & Indiana. 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 female who reported a work related injury on 09/20/2011. Mechanism of injury was a fall. The injured worker's diagnoses consist of chronic left shoulder impingement syndrome, brachial neuritis of the left upper extremity at C6-7, and left shoulder pain. The injured worker's past treatment was noted to include shoulder subacromial injections, splint, medication management, and physical therapy. Diagnostic studies were noted to include MRI of the left shoulder on 01/21/2012, which revealed supraspinatus and infraspinatus stenosis with no demonstration of rotator cuff tear. Additionally, diagnostic studies include an MRI of the left shoulder on 03/06/2012 without contrast, which revealed tendinopathy of the supraspinatus tendon and muscle AC joint osteoarthritic changes, small subacromial osteophyte, and small bilaterally down sloping acromion noted with narrow supraspinatus outlets. On the most recent clinical note, dated 10/31/2013, the injured worker complained of left sided neck pain with radiation into the left upper extremity all the way to the left hand, involving the index, middle, and ring finger of the left hand, left shoulder pain, left hand weakness, and right shoulder pain. The patient was continuing to have problems with chronic neck pain, primarily on the left side with radiation into the left arm, all the way into the index, middle, and ring finger of the left hand. She complained of ongoing weakness in the left hand, as well as some pain in the palm of her hand. She had difficulties with her ADLs once again with getting dressed and cleaning herself. On examination of the cervical spine, it was noted that the patient had tenderness in the cervical spine, primarily on the left side with mild spasm. The patient had a positive Tinel's at the left anterior cervical triangle, negative on the right. On examination of the left shoulder, it was noted Impingement 1 and Hawkins were positive, and Impingement 2 is negative. Speed, O'Brien, compression, relocation, and sulcus are negative. The strength of the left shoulder

girdle musculature is 5/5 with pain reported with abduction. The left shoulder reflexes 130 degrees, abducts 120 degrees, externally rotates 80 degrees and internally rotates at 60 degrees with pain at each of those limits. The injured worker's prescribed medications were noted to include naproxen and tramadol. The treatment plan consisted of an MRI of the left shoulder without contrast. The rationale for the request was not provided for review. A Request for Authorization form was not 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 without contrast: Upheld

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

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

Decision rationale: The request for MRI of the left shoulder without contrast is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed for injured workers with shoulder complaints, unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The criteria for imaging includes the emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. The injured worker was noted to have a history of conservative treatment to include physical therapy and injections. However, there is no clear evidence of failure to improve with the course of conservative care or the length of time the injured worker participated in the program. Additionally, there was a lack of documentation that the injured worker had evidence of tissue insult or the neurovascular dysfunction or that the physician was planning an invasive procedure for which the MRI would be needed to provide clarification of anatomy. Therefore, based on the lack of subjective evidence of significant neurological defects, the necessity of MRI cannot be determined. Therefore, the request for RI of the left shoulder without contrast is not medically necessary.