

Case Number:	CM14-0212164		
Date Assigned:	01/02/2015	Date of Injury:	07/13/2014
Decision Date:	02/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 patient is a 63-year-old female who has submitted a claim for cervical radiculopathy and tendinitis of the left shoulder rule out internal derangement associated with an industrial injury date of July 13, 2014. Medical records from 2014 were reviewed. The patient complained of moderate discomfort and pain at the neck and left shoulder. Aggravating factors for her left shoulder included gripping, grasping, reaching, pushing and lifting. She likewise reported numbness and tingling sensation to the left upper extremity. Physical examination showed painful and restricted cervical motion. Spurling's test was positive. The range of motion of the left shoulder was restricted towards flexion, abduction and extension. There was pain towards terminal range of motion of the left shoulder. Tenderness was noted at the deltopectoral groove and at the insertion of the supraspinatus muscle. Brachioradialis reflex was +1 bilaterally. Sensation was diminished at the left C6 dermatome. Treatment to date has included physical therapy and medications. The utilization review from December 15, 2014 denied the request for MRI of the left shoulder. Reasons for denial were not made available.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, the patient complained of moderate discomfort and pain at the neck and left shoulder. Aggravating factors for her left shoulder included gripping, grasping, reaching, pushing and lifting. She likewise reported numbness and tingling sensation to the left upper extremity. Physical examination showed painful and restricted cervical motion. Spurling's test was positive. The range of motion of the left shoulder was restricted towards flexion, abduction and extension. There was pain towards terminal range of motion of the left shoulder. Tenderness was noted at the deltopectoral groove and at the insertion of the supraspinatus muscle. Brachioradialis reflex was +1 bilaterally. Sensation was diminished at the left C6 dermatome. The working impression is tendinitis of the left shoulder rule out internal derangement. The medical necessity for MRI has been established. Therefore, the request for MRI of the left shoulder is medically necessary.