

Case Number:	CM15-0013245		
Date Assigned:	02/02/2015	Date of Injury:	10/08/2014
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/22/2015

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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female, who sustained an industrial injury on October 8, 2014. She has reported an injury to the shoulder after receiving an influenza vaccination. The diagnoses have included shoulder pain. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of shoulder pain. The injured worker reported that her pain is constant burning and soreness. She rates her pain a 6 to 8 on a 10-point scale and reported that her pain was worse in the morning. On examination, the injured worker has limited range of motion of the left upper extremity due to pain. Her humerus had no palpable swelling, no erythema and normal strength. Imaging of the shoulder revealed no fractures, dislocations, masses or arthritic changes. On January 5, 2015 Utilization Review non-certified a request for MRI of the left shoulder, noting that there was no evidence of pre-operative evaluation, of partial thickness or of large full thickness rotator cuff tears. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 22, 2015, the injured worker submitted an application for IMR for review of 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states "Primary criteria for ordering imaging studies are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." ODG states "indications for imaging Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- 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)." Medical notes do not indicate acute shoulder trauma, suspect rotator cuff tear/impingement, or that the patient is over age 40. Additionally, there does not appear to be concerns for subacute shoulder pain suspicious for instability or labral tear. As such, the request for MRI of the left shoulder is not medically necessary.