

Case Number:	CM15-0119591		
Date Assigned:	06/30/2015	Date of Injury:	12/19/2014
Decision Date:	07/29/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 30-year-old female who sustained a work related injury December 19, 2014. She was in a motor vehicle accident and hit by a semi on the driver's side of her car, with injuries to her neck and left shoulder. X-rays of the left shoulder and cervical spine were within normal limits, except for reversal of cervical lordosis consistent with muscular spasm. She was treated with anti-inflammatory, analgesic medication, physical therapy and a sling, and placed on modified duty with restrictions. An MRI of the left shoulder, dated February 27, 2015, (report present in the medical record) revealed an unremarkable shoulder without a rotator cuff tear or osteochondral defect. According to an initial comprehensive orthopedic consultation, dated May 6, 2015, the injured worker presented with complaints of constant pain in the left shoulder, generally a 2/10 but can go as high as a 9/10. The pain is located around the top of the shoulder and into the neck. The pain increases when reaching to the side, raising the left arm, lifting, pushing, or pulling. Examination of the neck reveals tenderness at the left trapezius region, muscle guarding and left paracervical tenderness at C5-C6. Sensory examination reveals slightly decreased sensation in the C5-C6 dermatome on the right compared to the left. Diagnoses are sprain/strain, cervical; sprain/strain, shoulder. Treatment plan included continue physical therapy. At issue, is a request for an MRI of the left shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder without contrast material, quantity: 1, per 05/06/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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: Pursuant to the Official Disability Guidelines, MRI left shoulder without contrast material #1 per May 6, 2015 is not medically necessary. MRI and arthropathy have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; sub acute 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. In this case, the injured worker's working diagnoses are musculoligamentous sprain strain cervical region; and musculoligamentous sprain strain left shoulder. The date of injury is December 19, 2014. The request for authorization is dated June 12, 2015. An initial new patient orthopedic evaluation is dated May 6, 2015. The treating provider is requesting an MRI of the left shoulder with contrast. An MRI of the left shoulder was performed February 27, 2015 that was unremarkable and did not show a rotator cuff tear. According to the progress note dated May 6, 2015, the injured worker wears a sling, has had no new trauma or symptoms referable to the left shoulder. Five additional physical therapies were if resulted in some benefit. Objectively, there is decreased range of motion with tenderness to palpation about what shoulder. There had been no clinical changes documented in the medical record regarding the left shoulder. There is no clinical rationale for ordering an MRI with contrast. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There are no new significant changes in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with significant changes in symptoms and objective findings and a normal MRI left shoulder with no rotator cuff tear, MRI left shoulder without contrast material #1 per May 6, 2015 is not medically necessary.