

Case Number:	CM15-0125578		
Date Assigned:	07/10/2015	Date of Injury:	01/04/2012
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50-year-old female who sustained an industrial /work injury on 1/4/12. She reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having cervical sprain/strain, multilevel degenerative disc disease, lumbar strain, with disc bulges; lumbar spine herniated nucleus pulposus; thoracic strain, mid thoracic bulge; and left shoulder impingement. Treatment to date includes medication and diagnostics. MRI results were reported on 4/8/13, 4/26/13, 4/26/12, and 12/24/14. X-ray results reported on 4/28/13 and 9/16/14. Currently, the injured worker complained of neck and low back pain that radiates to her bilateral lower extremities and left shoulder pain rated 8/10 without medication and 5/10 with medication. Per the primary physician's report (PR-2) on 6/1/15, exam noted painful left shoulder and difficulty walking. There was a normal reflex, sensory, and power testing to bilateral upper and lower extremities except weakness 4/5 on the right and 4+/5 on the left and numbness bilaterally at L5 and S1. There was a decreased bilateral ankle reflex, positive straight raise and bowstring bilaterally, antalgic gait, decreased range of motion of the left shoulder by 20 percent with positive impingement. The requested treatments include 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.

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging 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). These criteria have not been met in the provided clinical documentation for review. Therefore, the request is not medically necessary.