

Case Number:	CM15-0126996		
Date Assigned:	07/13/2015	Date of Injury:	09/23/2011
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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

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 41-year-old female who sustained an industrial injury on 09/23/11. She complained of bilateral shoulder pain after repetitive movements. Diagnoses included rotator cuff strain left shoulder, rotator cuff syndrome right shoulder, and cervical spine pain. Diagnostic testing and treatments to date have included MRI of the cervical spine, MRI of the left shoulder, left shoulder surgery, and pain medication management. Current diagnoses include cervicgia, and disorders of bursae and tendons in shoulder region, unspecified. Currently, the injured worker complains of constant, moderate to severe, sharp, burning, bilateral shoulder pain, worse with movement of the left shoulder; pain level is 10. The treating physician reports left shoulder examination is abnormal; she has not progressed since her left shoulder surgery; she has frozen shoulder on examination. Pain management specialist has recommended nerve blocks that cannot be performed until review of updated left shoulder MRI. Requested treatments include MRI arthrogram of the left shoulder. The injured worker is under temporary total disability. Date of Utilization Review: 06/03/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram 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): Tables 9-1 and 9-6 and Algorithm 9-3.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of shoulder conditions, to include the indications for imaging such as an MRI Arthrogram. Table 9-1 provides a summary of the red flags for potentially serious underlying shoulder conditions. The medical records provide no evidence that the patient has any of these red flag symptoms. Table 9-6 provides a summary of the evidence and recommendations for the evaluation of shoulder complaints. Regarding the use of an MRI Arthrogram, these MTUS guidelines state that this is not recommended for the evaluation of a shoulder condition without surgical indications. There is no evidence in the medical records that the patient is currently under evaluation for a surgical procedure. The records indicate that the patient has had prior surgical treatment to this shoulder; however, the MRI Arthrogram appears to have been ordered due to the inconsistent nature of physical examination findings. Algorithm 9-3 provides a summary of the evaluation of a patient who is slow-to-recover from an occupational shoulder injury. Based on the information in the medical records, the patient does not meet the stated criteria for an imaging study. In summary, the medical records do not support the need for an MRI Arthrogram for this patient.