

Case Number:	CM15-0137333		
Date Assigned:	07/27/2015	Date of Injury:	07/31/2013
Decision Date:	11/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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 50 year old male, who sustained an industrial injury on 7-31-13. The documentation noted on 6-8-15 the injured worker had persistent pain in the neck rated 5 to 6 out of 10 that radiated down into his left arm with weakness and numbness and lower back pain rated 6 to 7. The injured worker had complaints of left shoulder pain that was rated 8 out of 10 that was constant and worsening with decreased range of motion and decreased function. The injured worker stated that the whole arm goes numb if he tries to lift it above shoulder level. There was decreased strength 4+ out of 5 with flexion and extension and there was a positive empty can sign. Magnetic resonance imaging (MRI) of the cervical spine on 1-16-15 showed 3-4 millimeter disc bulges at C5-C6 and C6-C7 levels causing foraminal stenosis. The documentation on 6-18-15 noted that the injured worker has complaints of left shoulder pain and sometimes tingling in the shoulder blade area on the left. The injured worker feels that he is overusing his left arm. Headaches were not as often and they do not linger as much. The documentation noted that strength was difficult to assess because he had give way weakness secondary to pain in his right elbow and left shoulder. The diagnoses have included left shoulder sprain and strain secondary to compensatory factors. Treatment to date has included right elbow surgery on 5-8-15; non-steroidal anti-inflammatory drugs (NSAIDs); analgesics and zanaflex at night for headaches. The documentation on 6-18-15 noted that the injured worker is waiting for physical therapy to be done on his left arm. The original utilization review (6-30-15) non-certified the request for magnetic resonance imaging (MRI) of the left shoulder as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the left shoulder as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI shoulder.

Decision rationale: Pursuant to the Official Disability Guidelines, one MRI of the left shoulder as an outpatient is not medically necessary. MRI and arthropathy have fairly 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; 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. In this case, the injured worker's working diagnoses are electrical shock right upper extremity with acute spasm low back and both legs; right elbow cubital tunnel release; right thumb paresthesia; left elbow sprain strain; left shoulder sprain strain secondary to compensatory factors; and tension type headaches. Date of injury is July 31, 2013. Request for authorization is June 17, 2015. According to a June 8, 2015 progress notes, the injured worker has ongoing neck pain, low back pain, left shoulder pain 8/10 and right elbow pain. The diagnoses reflect left shoulder pain is secondary to compensatory factors. There is no documentation of direct trauma to the left shoulder. There is no documentation of prior physical therapy to the left shoulder. The injured worker is presently on physical therapy #2 out of #12 to the elbow. Objectively, there is decreased range of motion about the left shoulder with tenderness at the AC joint. The treating provider is requesting a shoulder MRI to rule out internal derangement. There are no red flags present. There is no failed conservative management. There is no documentation of plain radiographs. There is no suspected instability. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no failed conservative management of the shoulder, no plain radiographs of the shoulder in the medical record and documentation indicating a compensatory injury, one MRI of the left shoulder as an outpatient is not medically necessary.