

Case Number:	CM15-0021448		
Date Assigned:	02/11/2015	Date of Injury:	06/05/2014
Decision Date:	05/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, 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 33 year old female, who sustained an industrial injury on 06/05/2014. She has reported subsequent left shoulder, neck and back pain and was diagnosed with calcific tendonitis, cervical and lumbar spondylosis, herniated nucleus pulposus and radiculopathy. Treatment to date has included oral pain medication, chiropractic treatment, physical therapy and acupuncture. In a progress note dated 01/09/2015, the injured worker complained of neck pain and headaches. Objective findings were notable for decreased sensation over the left C5-C8 dermatomes, tenderness at the L-S junction, spasm of the lumbar muscles, limited range of motion of the neck due to pain and stiffness and tenderness at the rotator cuff of the left shoulder. Physical examination of the left shoulder revealed tenderness on palpation and no swelling and no crepitus, 120 degree flexion and 130 degree abduction, and negative all special tests. A request for authorization of MRI of the left shoulder was submitted. Current medications are: Ibuprofen 800mg, Flexeril, and Vicodin. The patient has had MRI of the cervical spine that revealed disc bulge and EMG study that revealed cervical radiculopathy. Patient has received an unspecified number of PT and acupuncture visits for this injury. The medication list includes Flexeril, Neurontin and Voltaren.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: MRI (magnetic resonance imaging) of the left shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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)." Any of these indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided. The request is not medically necessary.