

Case Number:	CM15-0037312		
Date Assigned:	03/05/2015	Date of Injury:	02/08/2011
Decision Date:	05/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female who reported injury on 02/08/2011. The injured worker was noted to undergo cognitive behavioral therapy and physical therapy. The injured worker underwent trigger point injections, which were not helpful. Documentation indicated the injured worker did not wish to undergo shoulder surgery. There is further documentation according to the 07/15/2014 Agreed Medical Evaluation, the physician opined the injured worker was not a surgical candidate. There was a Request for Authorization submitted for review dated 01/29/2015. The documentation of 01/06/2015 revealed the injured worker had a mechanism of injury that occurred when the injured worker went into a file room and reached for a box and her hands got caught on the box and the box fell down causing her shoulders to pop out of place. Prior treatments included NSAID medications, cortisone injections and physical therapy. The injured worker was noted to have a prior MRI. The injured worker complained of a sharp, dull, numbing and aching pain in the bilateral shoulders. The pain was aggravated by moving or placing weight on it and was alleviated by medication, heat and stretching. The injured worker was noted to have difficulties with activities of daily living. The medications include Zanaflex 2 mg, Soma, Norco 10/325 mg, Motrin 800 mg and lidocaine patches. The physical examination revealed the injured worker's right shoulder had a wound that was clean and dry. The examination of the left shoulder revealed tenderness to palpation over the AC joint, proximal biceps and subacromial arch. The compartments were soft and non-tender. The injured worker had a positive impingement sign with no gross motor deficits. Distal sensation was intact. X-rays of the left shoulder revealed a type 2 acromion with no significant degenerative changes.

The injured worker was noted to have a prior MRI of the right shoulder and was noted to undergo an arthroscopic subacromial decompression on 02/08/2011. The diagnoses included left shoulder pain, rule out rotator cuff tear and bilateral shoulder adhesive capsulitis. The documentation indicated the injured worker would be recommended for an MRI of the left shoulder to rule out rotator cuff pathology and that the injured worker would return after a course of physical therapy. The physical therapy would consist of 3 times a week for 4 weeks for the bilateral shoulders. Additionally, the documentation indicated the injured worker would be referred to a pain management specialist for medication and pain control. The injured worker was noted to be prescribed Norco 10/325 mg 1 to 2 by mouth q4 to 6 hours as needed pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive surgery. The clinical documentation submitted for review failed to provide documentation that the injured worker had a failure to progress in a strengthening program. It was noted the injured worker would undergo additional therapy. The documentation further indicated the injured worker did not want surgical intervention. As such, there would be no necessity for an MRI. Given the above, the request for MRI left shoulder is not medically necessary.

Pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker utilized Norco. However, there was a lack of documentation

indicating the injured worker's pain was not under control. There was a lack of documentation of exceptional factors. Additionally, the request as submitted failed to indicate whether the request was for management of pain medications or for a consultation and then medication management. Given the above, and the lack of clarification, the request for pain management is not medically necessary.