

Case Number:	CM15-0062720		
Date Assigned:	04/08/2015	Date of Injury:	03/08/2014
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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:

This 45 year old male sustained an industrial injury to the left shoulder on 3/8/14. Previous treatment included magnetic resonance imaging, left shoulder arthroscopy, decompression and labral repair (10/2/14), injections, physical therapy and medications. In an initial pain management consultation dated 2/20/15, the injured worker complained of pain 8/10 to the neck with radiation down the left arm associated with numbness and tingling and left hand spasms. Physical exam was remarkable for cervical spine with decreased range of motion, tenderness to palpation along the cervical spine spinous process with 4/5 left upper extremity strength and decreased sensation in the left upper extremity in the ulnar distribution. Current diagnoses included cervical radicular pain. The treatment plan included medications (Nortriptyline, Diclofenac ER, Tizanidine and Prazosin), a psychology referral for cognitive behavioral therapy, pulmonology referral for testing for obstructive sleep apnea, magnetic resonance imaging cervical spine and physical therapy and acupuncture two to three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: 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 studies 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) The provided clinical documentation for review does not meet the criteria as outlined above per the ACOEM for shoulder imaging. The request was for MRI to rule out "occult pathology." Therefore the request is not medically necessary.