MAXIMUS Federal Services

Case Number:	CM15-0071094		
Date Assigned:	04/21/2015	Date of Injury:	12/13/2013
Decision Date:	05/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 12/12/2013. He has reported injury to the left shoulder. The diagnoses have included left shoulder pain; status post left shoulder arthroscopic repair of the anterior labral tear, acromioplasty and partial distal clavicle resection on 11/21/2014; and left biceps sprain/strain. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol, Ibuprofen, and Cyclobenzaprine. A progress note from the treating physician, 03/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain, which radiates to the biceps, forearm, and wrist with numbness and tingling; pain is rated at 7-8/10 on the visual analog scale; and therapy does not help decrease the pain. Objective findings have included generalized tenderness to palpation with spasms of the left upper trapezius muscle; tenderness to palpation of the left biceps; and decreased range of motion. The treatment plan has included the request for Retro: MRI of the left biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: MRI of the left biceps: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines, Shoulder (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI).

Decision rationale: This patient is status post left shoulder arthroscopic repair on 11/21/14. This is a request for Retro: MRI of the left biceps. The Request for Authorization is not provided in the medical file. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol, Ibuprofen, and Cyclobenzaprine. The patient is TTD. The ACOEM, MTUS AND ODG guidelines do not specifically discuss MRI for the biceps. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 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. (Mays, 2008)" On 03/09/15, the patient reported left shoulder pain that radiates into the biceps, forearm and wrist with numbness, tingling, weakness and stiffness. Examination noted tenderness to palpation over the entire left shoulder joint, left upper trapezius and left bicep. There was decreased ROM and strength on the left. The treating physician made a request for MRI of the left bicep. The Utilization review states that the patient underwent a MR arthrogram of the left shoulder on 03/18/15, which "also included left biceps." The imaging report was not provided for my review. In this case, the patient report tenderness in the left bicep and has a diagnosis of sprain/strain. There are no other significant findings, change in clinical status, new injury, or red flags to warrant another MRI. Given the lack of discussion regarding the medical necessity, the request MRI of the bicep is not medically necessary.