

Case Number:	CM15-0075171		
Date Assigned:	04/27/2015	Date of Injury:	12/17/2014
Decision Date:	05/22/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/20/2015

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: New Jersey

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 37 year old male, who sustained an industrial injury on 12/17/14. He reported left elbow sprain and left lateral epicondylitis. The injured worker was diagnosed as having left shoulder, elbow and wrist injury. Treatment to date has included ibuprofen, physical therapy and activity restrictions. Currently, the injured worker complains of left elbow pain, worse than previous visit, rated 6/10. Physical exam noted tenderness in left lateral elbow. The treatment plan included continuation of current medications, icing/heating, topical creams, massage and activity restrictions. A request for authorization was submitted for follow-up visit, urinalysis, lab studies, x-ray of elbow and (MRI) magnetic resonance imaging of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: 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): 207-209.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, although the worker had failed some conservative treatments over the past many weeks for his left shoulder, there was insufficient evidence found from physical examination to reveal anything significant besides impingement syndrome which should not included a surgical treatment strategy unless all other strategies fail. There were no signs or symptoms to suggest a red flag diagnosis requiring early MRI testing. Therefore, the request for MRI of the left shoulder is not medically necessary.