

Case Number:	CM15-0075458		
Date Assigned:	04/27/2015	Date of Injury:	09/03/2014
Decision Date:	05/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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, 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 49-year-old male, who sustained an industrial/work injury on 9/3/14. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having left lateral epicondylitis, partial thickness tear common extensor tendon, and left rotator cuff tendinitis. Treatment to date has included medication, surgery (right tennis elbow repair, right rotator cuff repair, right biceps tendon surgery, and right ulnar nerve decompression and transposition, and left elbow surgery on 1/19/15), and occupational therapy. MRI results were reported on 10/23/14 and 11/10/14. Currently, the injured worker complains of less left pain in the elbow s/p surgery but has been experiencing pain and tightness in the posterior subacromial region of his left shoulder since the surgery. Per the primary physician's progress report (PR-2) on 3/12/15, examination revealed a healed surgical incision; range of motion is full and unrestricted. The left shoulder has tenderness to palpation in the posterior subacromial region, abduction is limited to about 160 degrees and impingement signs are positive. The requested treatments include MRI left shoulder. A progress report dated April 2, 2015 recommends a cortisone injection and possible MRI for the left shoulder.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.