

Case Number:	CM15-0078107		
Date Assigned:	04/29/2015	Date of Injury:	04/21/2011
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, California

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 is a 50 year old female patient who sustained an industrial injury on 4/21/11. The diagnoses include cervical thoracic strain/arthrosis, bilateral shoulder impingement syndrome with acromial clavicle joint arthrosis, bilateral carpal tunnel syndrome and cubital tunnel syndrome, lumbosacral strain/arthrosis, and bilateral plantar fasciitis. Per the doctor's note dated 3/23/2015, she had complains of neck pain and left shoulder pain with radiation to the left arm. The physical examination revealed tenderness over the cervical spine and left shoulder AC joint and positive crossover and Hawkin test; morbid obesity. The medications list includes hydrocodone. She has had right shoulder MRI on 12/1/2014. She has had acupuncture treatment, injection, home exercise program and activity modification. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: Request: MRI of the left shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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 Reynaud'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)." Physiologic evidence of significant tissue insult or neurovascular dysfunction are not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise. Response to a recent course of conservative therapy including physical therapy for the left shoulder is not specified in the records provided. A recent left shoulder X-ray report is also not specified in the records provided. The MRI of the left shoulder is not medically necessary for this patient.