MAXIMUS Federal Services

Case Number:	CM15-0093334		
Date Assigned:	05/19/2015	Date of Injury:	03/31/2009
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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 was a 58-year-old male, who sustained an industrial injury, March 31, 2009. The injured worker previously received the following treatments EMG/NCS (electro diagnostic studies and nerve conduction studies) of the upper extremities showed chronic L5 nerve root irritation on the left side, anterior tarsal syndrome or atrophy of the right extensor digitorm brevis muscle, cervical spine MRI, Fenoprofen, Omeprazole, Cyclobenzaprine, Naproxen, Cozaar, Edarbyclor, Tramadol, Sumatriptan, right knee brace, left shoulder MRI and lumbar spine MRI. The injured worker was diagnosed with cervicalgia, lumbago, hypertension, GERD, bilateral carpal tunnel syndrome, left shoulder impingement syndrome. According to progress note of March 20, 2015, the injured workers chief complaint was cervical spine pain, which was aggravated by repetitive motions of the neck, pushing, pulling, lifting forward reaching and working above the shoulder level. The pain was characterized as sharp with radiation of the pain into the upper extremities. There were associated headaches that were migraines in nature as well as tension between the shoulder blades. The pain was rated at 8 out of 10. There was intermittent pain in the bilateral shoulders that was aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level. The pain was characterized as dull and rated at 4 out of 10. The physical exam noted there was positive impingement, Hawkin's sign and drop arm on the left. There was limited range of motion and weakness of the shoulders. The skin was warm and dry with normal color and turgor of the shoulder area. The treatment plan included Arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrogram left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: The patient had previous MRI of the left shoulder; however, report findings are not provided. Current request include MR Arthrogram of left shoulder. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, or specific surgical lesion, the medical necessity for shoulder MRA has not been established. The Arthrogram left shoulder is not medically necessary and appropriate.