MAXIMUS Federal Services

Case Number:	CM15-0093838		
Date Assigned:	05/20/2015	Date of Injury:	09/04/2014
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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:

The injured worker was a 39 year old male, who sustained an industrial injury, September 4, 2014. The injury was sustained when the injured worker was moving approximately 22 rafters and the injure worker began to experience left shoulder pain. The injured worker previously received the following treatments 6 sessions of chiropractic services, 6 sessions of physical therapy with no relief, Vicodin, Cyclobenzaprine, Etodolac ER and Omeprazole. The injured worker was diagnosed with possible lumbar disc with radiculopathy, lumbosacral sprain/strain injury, left shoulder sprain/strain injury and myalgia/myositis. According to progress note of April 14, 2015, the injured workers chief complaint was increased pain in the left shoulder and persistent low back pain. The pain increased with bending, lifting, pushing, and climbing stairs. The injured worker was having continued radiation of pain to the left arm and bilateral legs, the left more than the right. The injured worker rated the pain at 2-6 out of 10. The physical exam noted active range of motion was stiff and painful. The lumbosacral flexion was 60 degrees out of 90 and extension was 20 degrees out of 30. The straight leg raising was positive for pain at 50 degrees. The Hibb's test was positive for low back pain. Left shoulder flexion was 160 degrees out of 180 and 150 out of 180 with abduction. The muscle strength was 4 out of 5 with positive impingement signs. The sensory exam to light touch was decreased in the left arm and bilateral legs. The treatment plan included left shoulder MRI to confirm or rule out internal derangement. The patient has had MRI of the left shoulder that revealed degenerative arthritis without RCT and MRI of low back revealed disc herniation. Any diagnostic imaging report was not specified

in the records provided. Any operative note was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Magnetic resonance imaging (MRI).

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)." Indications that would require a shoulder MRI were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent left shoulder X-ray report is not specified in the records provided. Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The patient has had MRI of the left shoulder that revealed degenerative arthritis without RCT. Any diagnostic imaging report was not specified in the records provided. Any changes in physical findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The medical necessity of the request for MRI of the left shoulder is not fully established in this patient.