

Case Number:	CM14-0151094		
Date Assigned:	09/19/2014	Date of Injury:	03/15/2013
Decision Date:	11/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old female with an injury date of 03/15/13. Based on the 03/26/14 progress report provided by [REDACTED], the patient complains of bilateral shoulder pain with limited range of motion on the left. She reports a burning sensation that extends from her neck to the upper arm. Physical examination to the left upper extremity reveals normal range of motion. Neurovascular exam is normal in the median, ulnar and radial nerve distribution. X-rays of the left hand dated 03/26/13 reveal osteoarthritis of the metacarpophalangeal joint. Treating physician states that the description of symptoms suggests radicular pain, and patient may have some impingement syndrome, as abduction of the shoulder exacerbates the pain. Treating physician states he is requesting an EMG focused on the cervical spine, to determine evidence of radiculopathy. If there is radiculopathy, the patient will be referred to a spine specialist to determine if it corresponds to the MRI findings and an opinion will have to be made in reference to its relationship to the patient's fall. Per progress report dated 03/26/13, a QME report dated 11/01/13 mentions patient had MRI of both shoulders, and abnormalities were encountered in bilateral shoulders. Diagnosis 03/26/14: evidence of osteoarthritis in both hands; likely radicular pain, left upper extremity. [REDACTED] is requesting MRI Left Shoulder. The utilization review determination being challenged is dated 09/09/14. The rationale is: no documentation of physical exam documenting internal shoulder derangement. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/14 - 06/18/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The patient presents with bilateral shoulder pain with limited range of motion on the left. The request is for MRI Left Shoulder. Her diagnosis dated 03/26/14 includes evidence of osteoarthritis in both hands and likely radicular pain, left upper extremity. Treating physician states that the description of symptoms suggests radicular pain, and patient may have some impingement syndrome, as abduction of the shoulder exacerbates the pain. ACOEM guidelines have the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies: Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Primary criteria for ordering imaging studies are: Emergence of a red flag; 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 Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of anatomy prior to an invasive procedure." Per progress report dated 03/26/13, a QME report dated 11/01/13 mentions patient had MRI of both shoulders, and abnormalities were encountered in bilateral shoulders. Treating physician has not noted red flag on history and physical examination does not raise suspicion of a serious shoulder condition or referred pain to warrant another set of MRI's. The request does not meet guideline indications. Recommendation is that the request is not medically necessary.