

Case Number:	CM13-0008754		
Date Assigned:	04/04/2014	Date of Injury:	09/04/2012
Decision Date:	05/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational Medicine 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 injured worker reported a date of injury of 9/4/2012. Per follow up consultation, request for treatment authorization, the injured employee continues to have left knee discomfort. He had knee arthroscopy on 12/10/2012 with total medial meniscectomy and chondroplasty. His chief complaint is his bilateral shoulders related to continuous trauma. On exam he has limited range of motion of both shoulders with positive impingement signs. Previous exam reports that shoulders had tender points with positive impingement signs and weakness with abduction. Right shoulder flexion and abduction were to 90 degrees, left shoulder abduction is at 100 degrees and flexion at 110 degrees. Diagnoses include 1) status post left knee arthroscopic total medial meniscectomy and chondroplasty medial femoral condyle 2) bilateral shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203,207-209.

Decision rationale: The mechanism of the injury is unclear, being reported as continuous trauma. There also appears to be AOE/COE concerns for the shoulders. The injured employee however presents with reduced range of motion of bilateral shoulders and impingement signs. Since there is no acute trauma identified, this is likely a degenerative disorder without red flags, affecting the rotator cuff as stated by the requesting physician. The cited guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. MRI is only recommended for acute injuries, full-thickness tears of the rotator cuff, or labral tears. Therefore, the request for MRI of the bilateral shoulders is not medically necessary and appropriate.