

Case Number:	CM13-0010154		
Date Assigned:	12/04/2013	Date of Injury:	06/16/2004
Decision Date:	01/17/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain 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 physician 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 37-year-old female who reported a work related injury on 06/16/2004, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, status post a left dorsal wrist ganglion incision and triangular fiber cartilage repair, status post left shoulder rotator cuff repair, status post right shoulder arthroscopic subacromial decompression, depression, anxiety, sleep disturbance, right ulnar neuropathy at the elbow, ruled out carpal tunnel syndrome, and right lateral epicondylitis, and status post injection x2 and subsequent physical therapy interventions. The clinical note dated 10/01/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued left wrist, left shoulder, right shoulder, and right elbow pain rated at 7/10 to 8/10. The provider documented upon physical exam of the patient's right shoulder, healed arthroscopic portal were noted, and range of motion was at forward flexion of 160 degrees, abduction of 160 degrees. The provider documented a request for authorization of medication of Anaprox 550 one tab 2 times a day, Prilosec, Soma, and authorization for bilateral shoulder MRI to rule out rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 207-209, Chronic Pain Treatment Guidelines Page(s): s 76-80.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested diagnostic studies of the patient's bilateral shoulders. The most recent physical exam of the patient reported minimal objective deficits upon physical exam of the patient's right shoulder with decrease in range of motion. The provider failed to document physical exam of the patient's left shoulder. The provider documented on the clinical note dated 10/01/2013 that MRI of the left shoulder revealed the acromion was type 1 with mild proliferated changes seen in the AC joint with impingement upon the supraspinatus muscle/tendon junction with tendinosis changes present; however, date of this study was not noted. Given the lack of documentation evidencing significant objective findings of symptomatology to the bilateral shoulders as well as when the patient last underwent imaging of the bilateral shoulders, the request is not supported. ACOEM indicates, "primary criteria for ordering imaging studies are emergence of a red flag, physiological evidence of tissue insult, neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Given all the above, the request for bilateral shoulder MRI is not medically necessary or appropriate.