

Case Number:	CM13-0042645		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2013
Decision Date:	06/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & 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 reported a date of injury of 04/18/2013. According to the report, the patient complains of left shoulder pain radiating to the left elbow. He rates his pain a 6/10 radiating to the left elbow and hand. He also has localized right shoulder pain that is about a 5/10 to 6/10. The patient states that physical therapy exacerbated his symptoms. The physical exam shows there is decreased range of motion in the right shoulder. Apprehension test is positive bilaterally. The patient has asked not to perform range of motion to the left shoulder. The utilization review denied the request on 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF BILATERAL SHOULDERS **QUANTITY 1.00:** Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>.

Decision rationale: ODG states, "Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated." The progress report dated 08/06/2013 shows a positive apprehension test, Codman's test, Neer's sign, Hawkins sign, and Yergason's test. In this same report, the patient reports right and left shoulder pain exacerbated by heavy lifting and repetitive use. Review of the reports do not show that the patient has had an MRI yet. Given the patient's persistent pain, suspicion for impingement/rotator cuff pathology, an MRI is appropriate. The request for magnetic resonance imaging (MRI) of bilateral shoulders is medically necessary and appropriate.