

Case Number:	CM13-0049992		
Date Assigned:	12/27/2013	Date of Injury:	10/22/2012
Decision Date:	05/22/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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 is a 28-year-old female who reported an injury on 10/22/2012. The mechanism of injury was repetitive typing of information on a computer, operating a cash register, counting money, lifting/carrying heavy items when scanning them at the register, and months of cradling a handheld phone between her shoulder and her ear, while typing data into the computer when researching concerts on [REDACTED]. An initial Workers' Compensation orthopedic evaluation dated 09/24/2013 indicated that the injured worker had complaints of constant bilateral shoulder pain, right greater than left. The injured worker reported that the pain varied with activity and described the pain as aching to sharp. The injured worker reported radiation of the pain to the right side of her neck and down her biceps. The injured worker reported numbness and tingling in the shoulders and arms that was aggravated by lifting or carrying heavy objects or raising her arms above her shoulders. The injured worker reported that the pain was improved with ice bags and Tylenol. The injured worker rated her pain to the right shoulder at 8/10 and the left shoulder at 6/10. Upon examination of the shoulder, there was no swelling, ecchymosis, erythema or increased heat. Range of motion was abduction 170 degrees bilaterally, external rotation was 90 degrees bilaterally, internal rotation at 90 degrees bilaterally, forward flexion was at 175 degrees, extension at 60 degrees and adduction at 50 degrees bilaterally. There was slight tenderness to the bilateral proximal parascapular, right greater than left. There was tenderness to the bilateral bicipital, right greater than left. There was slight tenderness to the acromioclavicle margin, subacromial marginal, anterior capsular, deltoid, posterior shoulder joint, and supraspinatus bilaterally, right greater than left. Impingement test, drop test, Adson sign, apprehension sign were all negative. There was no subluxation. Muscle motor strength was 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: California MTUS/ACOEM states that MRIs are recommended for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In addition, the California MTUS/ACOEM states that routine MRIs or arthrography are not recommended for evaluation without surgical indications. The records submitted for review indicated upon examination of the shoulders, abduction was 170 degrees, external rotation 90 degrees, internal rotation 90 degrees, forward flexion 175 degrees, extension 60 degrees and adduction 50 degrees. Impingement test, drop test, Adson sign, apprehensive sign were all negative. Muscle motor strength was 5/5. The records submitted for review failed to include documentation of objective findings to indicate a possible partial thickness or large full thickness rotator cuff tear. The records submitted for review failed to include documentation that the injured worker was seen for an evaluation of surgical considerations. As such, the request for MRI of the bilateral shoulders is not supported. Therefore, the request is not medically necessary.