

Case Number:	CM13-0051734		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2012
Decision Date:	05/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Preventive 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:

According to the records made available for review, this is a 34-year-old male with a 7/28/12 date of injury. At the time (10/11/13) of request for authorization for MRI bilateral shoulders, there is documentation of subjective (bilateral shoulder pain with stiffness and weakness) and objective (3+ tenderness to palpation over the anterior and posterior bilateral shoulders, positive supraspinatus press test of the left shoulder, and positive Neer's test of the right shoulder) findings, current diagnoses (left shoulder sprain/strain, right shoulder internal derangement, and right shoulder myoligamentous injury), and treatment to date (medications). 10/11/13 medical report plan identifies MRI of the bilateral shoulders, chiropractic care, acupuncture, and medications.

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): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRI of the shoulder is indicated (such as acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear), as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of left shoulder sprain/strain, right shoulder internal derangement, and right shoulder myoligamentous injury. However, despite documentation of subjective (bilateral shoulder pain with stiffness and weakness) and objective (3+ tenderness to palpation over the anterior and posterior bilateral shoulders, positive supraspinatus press test of the left shoulder, and positive Neer's test of the right shoulder) findings, there is no documentation of a condition/diagnosis for which MRI of the (bilateral) shoulders is indicated (such as acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear). Therefore, based on guidelines and a review of the evidence, the request for MRI bilateral shoulders is not medically necessary.