

Case Number:	CM13-0055721		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2000
Decision Date:	04/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/21/2013

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 and 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 is a 51 year-old male with a date of injury of 05/01/2000. The listed diagnoses per [REDACTED] are: 1) Bilateral carpal tunnel syndrome 2) Bilateral rotator cuff and bicipital tendon repairs 3) Non-industrial insulin-dependent diabetes 4) Non-industrial history of right lower extremity deep venous thrombosis According to report dated 10/09/2013 by [REDACTED], the patient presents with bilateral shoulder and hand pain. Pain is worse on the shoulders with lateral recumbent positioning bilaterally, overt activity, pushing and pulling. He states he is more irritable with pain due to taper of medications. Examination of the bilateral shoulders revealed abduction bilaterally is 90 degrees and flexion bilaterally is 90 degrees. He has negative Speed signs but positive Crank, Neers' and open can signs. An updated MRI of the shoulders is requested as the last one was done in 2005. The 2005 MRI was not provided for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

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), MRI

Decision rationale: This patient presents with bilateral shoulder and hand pain. Treating physician is requesting bilateral shoulder MRIs. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines recommend an MRI after failure of conservative care if there is a suspicion for instability/labral tear. In this case, the patient has had shoulder surgeries in the past. The treating physician does not explain why an MRI is needed at this point. The patient is experiencing more pain from medication taper. There are no new injuries, aggravation, or change in symptoms/exam to consider a different diagnosis. Recommendation is for denial.