

Case Number:	CM14-0000870		
Date Assigned:	01/22/2014	Date of Injury:	09/13/2011
Decision Date:	06/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 Oklahoma, Texas, California and Tennessee. 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 63 year old male who reported an injury to both shoulders. The clinical note dated 10/23/13 indicates the patient continuing to do a home exercise program on a daily basis. The patient was also undergoing H-wave treatments for approximately 30 minutes at a time. The patient reported a 50% relief of pain following these treatments. The patient was able to demonstrate 4+/5 strength with flexion and abduction bilaterally. The previous review indicates the patient having previously undergone a rotator cuff repair on 08/23/12. There is also an indication that the patient has recently undergone an MRI of both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI WITHOUT CONTRAST, BILATERAL SHOULDERS X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for bilateral MRIs of both shoulders is non-certified. The documentation indicates the patient complaining of bilateral shoulder pain with associated strength deficits. The case notes indicate the patient having undergone an MRI of both shoulders. A repeat MRI is not routinely recommended and is traditionally reserved for

significant changes in the patient's symptoms or findings suggestive of significant pathology. No information was submitted regarding the patient's changes involving either shoulder. Additionally, no information was submitted regarding the patient's significant pathology that would medically necessitate an MRI of the shoulders. Given this, the request is not indicated as medically necessary.