

Case Number:	CM14-0009973		
Date Assigned:	02/21/2014	Date of Injury:	03/23/2011
Decision Date:	06/25/2014	UR Denial Date:	12/29/2013
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation 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:

This 58 year-old patient sustained an injury on 3/23/11 while employed by the [REDACTED]. Request(s) under consideration include MRI Bilateral Shoulders. Diagnoses include cervical spine strain/disc bulge at C5-6 and C6-7; thoracic spine strain; s/p left shoulder rotator cuff repair 8/6/12; s/p right full rotator cuff repair 12/12/1; right carpal tunnel syndrome; right volar wrist ganglion cyst; low back pain nonindustrial; abdominal pain from medications; rule out left CTS. The patient continues to treat for chronic complaints and was noted for possible declaration of MMI in several weeks. Report of 12/2/13 from the provider noted continued neck pain 8/10; lower back pain 4/10; left shoulder pain 10/10 and abdominal pain 7/10; no report of right shoulder, upper back or mid back pain. Under AME on 8/17/13 without mention of results. Exam showed decreased grip on left; antalgic gait ambulating with cane; cervical and thoracic tenderness; left/right shoulder flexion of 110/165 degrees; positive Phalen's at wrist. Electromyography (EMG)/Nerve Conduction Velocity (NCV) of 4/27/11 noted with mild right median neuropathy. Treatment included possible MMI in four weeks; continuing with home stretching/ strengthening exercises; medications; bilateral EMG/NCV to rule out left CTS; and MRI of shoulders to rule out rotator cuff tear. Request(s) for MRI BILATERAL SHOULDERS was denied on 12/29/13 citing guidelines criteria and lack of medical necessity.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: This 58 year-old patient sustained an injury on 3/23/11 while employed by the [REDACTED]. Request(s) under consideration include MRI BILATERAL SHOULDERS. Diagnoses include cervical spine strain/disc bulge at C5-6 and C6-7; thoracic spine strain; s/p left shoulder rotator cuff repair 8/6/12; s/p right full rotator cuff repair 12/12/1; right carpal tunnel syndrome; right volar wrist ganglion cyst; low back pain nonindustrial; abdominal pain from medications; rule out left CTS. The patient continues to treat for chronic complaints and was noted for possible declaration of MMI in several weeks. Report of 12/2/13 from the provider noted continued neck pain 8/10; lower back pain 4/10; left shoulder pain 10/10 and abdominal pain 7/10; no report of right shoulder, upper back or mid back pain. Under AME on 8/17/13 without mention of results. Exam showed decreased grip on left; antalgic gait ambulating with cane; cervical and thoracic tenderness; left/right shoulder flexion of 110/165 degrees; positive Phalen's at wrist. Electromyography (EMG)/Nerve Conduction Velocity (NCV) of 4/27/11 noted with mild right median neuropathy. Treatment included possible MMI in four weeks; continuing with home stretching/ strengthening exercises; medications; bilateral EMG/NCV to rule out left CTS; and MRI of shoulders to rule out rotator cuff tear. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report only identified decreased range in the shoulders without any remarkable provocative testing or neurological deficits and does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for bilateral shoulder MRIs have not been established. The MRI Bilateral shoulders are not medically necessary and appropriate.