

Case Number:	CM14-0143729		
Date Assigned:	09/12/2014	Date of Injury:	09/22/2006
Decision Date:	12/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal 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:

Then injured worker (IW) is a 46-year-old man with a date of injury of September 22, 2009. The mechanism of injury was not documented in the medical record. The injured worker (IW) had an magnetic resonance imaging (MRI) of the left shoulder on April 18, 2014, which revealed tendinosis of the supraspinatus and subscapularis tendons. Discrete full thickness tear is not identified, at least moderate fraying of the superior labrum, and irregular appearance of the acromion raising the question of prior acromioplasty. Pursuant to the utilization review physician summary a progress note dated July 31, 2014, the IW complains of bilateral shoulder pain with marked weakness with overhead activities with locking and catching. Physical examination reveals healed arthroscopic portals on both shoulders. His exam reveals bilateral marked tenderness about the anterior aspects of both shoulders. Range of motion abduction is 160 degrees, adduction 40 degrees, extension 60 degrees, forward flexion 180 degrees, internal rotation 50 degrees, and external rotation is 20 degrees. Strength is noted as 4+/5. Impingement tests I and II are positive, as is the drop arm test. X-rays are noted to show spurring on the undersurface of the acromion. The plan is for an MRI of the bilateral shoulders. There were no progress notes in the medical record referencing the shoulders.

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): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging (MRI) bilateral shoulders are not medically necessary. The guidelines enumerated indications for magnetic resonance imaging. MRI results showed: acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; and repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker sustained an injury on September 22, 2009. The injured worker had an MRI of the left shoulder on April 18, 2014. It showed tendinosis of the supraspinatus and subscapularis tendons. Discrete full thickness tear is not identified; moderate fraying of the superior labrum; irregular appearance of the acromion raising the question of prior acromioplasty. A review of the medical documentation shows progress notes that discuss treatment of problems referable to the left hip. There is no documentation in the medical record that indicates new problems associated with the shoulders bilaterally. Utilization review note from the reviewing physician indicates the injured worker has bilateral shoulder pain with marked weakness with overhead activities with locking and catching. There were healed arthroscopic scars on both shoulders. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and findings suggestive of significant pathology. There was no documentation in the medical record to support repeating MRIs of the shoulders bilaterally. Additionally, based on the absence of medical documentation, there was no significant change in the injured worker symptoms and signs nor was their findings suggestive of significant pathology. Consequently, MRI bilateral shoulders is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI bilateral shoulders is not medically necessary.