

Case Number:	CM14-0165056		
Date Assigned:	10/10/2014	Date of Injury:	04/18/2012
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management, 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 47-year-old female with a date of injury of 04/08/2012. The medical file provided for review includes 3 progress reports by [REDACTED], [REDACTED], and [REDACTED]. The progress reports are all from February 2014. The requesting physician is [REDACTED]. The utilization review references [REDACTED] progress report from 09/05/2014, which was not provided for my review. UR states that the patient has an increase in shoulder pain and weakness in hands. Objective findings revealed slight trapezial and paracervical tenderness, slight to moderate stiffness in the shoulders with pain on range of motion, positive impingement sign of the bilateral shoulders, negative Tinel's sign for carpal tunnel syndrome, and equivocal Phalen's test bilaterally. The most recent progress report provided for my review is from 02/17/2014 by [REDACTED]. This report indicates the patient has continued right worse than left ankle/foot pain with radiation of pain to the toes. The patient also complains of wrist/hand pain that is bilateral and diffuse. [REDACTED] diagnosed the patient with ankle pain and reflex sympathetic dystrophy, lower extremity. This is a request for "one single-positional MRI bilateral shoulders."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Single positional MRI Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208.

Decision rationale: This patient presents with continued upper and lower extremity complaints. The request is for a single-positional MRI of the bilateral shoulders. The medical file provided for review does not discuss the rationale for this request. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 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." Utilization review indicates that there was an MRI of the bilateral shoulders on 09/26/2012, which showed moderate to severe tendinitis of rotator cuff. In this case, there are no red flags and deterioration neurologically to consider another set of MRI. The requested repeat MRI of the shoulder is not medically necessary and the request is not medically necessary and appropriate.