

Case Number:	CM14-0173331		
Date Assigned:	10/24/2014	Date of Injury:	05/14/2012
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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:

The injured worker is a 54 year-old male, who sustained an injury on May 14, 2012. The mechanism of injury occurred from cumulative trauma. Pertinent diagnostics were not noted. Treatments have included: cervical disc replacement, physical therapy, medications, rotator cuff repairs - left April 26, 2013 and right November 8, 2013. The current diagnoses are: cervical disc disease, chronic pain syndrome, depression, bilateral rotator cuff tears and impingement, degenerative hip joint disease. The stated purpose of the request for MRI of the Left Shoulder was to determine if there are post-op issues. The request for MRI of the Left Shoulder was denied on September 30, 2014, citing a lack of documentation of ongoing problems involving the shoulder except for decreased ROM. The stated purpose of the request for MRI of the Right Shoulder was to determine if there are post-op issues. The request for MRI of the Right Shoulder was denied on September 30, 2014, citing a lack of documentation of ongoing problems involving the shoulder except for decreased ROM. Per the report dated September 18, 2014, the treating physician noted complaints of neck and bilateral shoulder pain. Exam findings included limited neck range of motion, bilateral glenohumeral stiffness, and right wrist Tinel sign. Per a March 11, 2014 AME report, the provider noted future medical treatment to include NSAID, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 8/27/14), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI of the Left Shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has neck and bilateral shoulder pain. The treating physician has documented limited neck range of motion, bilateral glenohumeral stiffness, and right wrist Tinel sign. The treating physician has not documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear. The criteria noted above not having been met, MRI of the Left Shoulder is not medically necessary.

MRI of the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI of the Right Shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has neck and bilateral shoulder pain. The treating physician has documented limited neck range of motion, bilateral glenohumeral stiffness, and right wrist Tinel sign. The treating physician has not documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear. The criteria noted above not having been met, MRI of the Right Shoulder is not medically necessary.