

Case Number:	CM14-0022469		
Date Assigned:	05/09/2014	Date of Injury:	02/11/2011
Decision Date:	09/17/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Illinois. 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 50-year-old female who reported an injury on 02/11/2011 due to an unspecified mechanism of injury. On 01/08/2014, she reported pain in the right and left shoulder. A physical examination revealed shoulder flexion was 160 degrees, abduction was 160 degrees, internal rotation was 60 degrees, and external rotation was 80 degrees. Pain was noted to be reproduced with motion. Left shoulder flexion was noted to be 160 degrees, flexion and abduction, internal rotation was 60 degrees and external rotation was also 60 degrees, pain was also reproduced in the shoulder with motion. Her diagnoses included impingement of the right shoulder with rotator cuff tear and frozen shoulder and impingement of the left shoulder with rotator cuff injury and frozen shoulder. Her medications included Anaprox, Norco, Protonix, and Flexeril. Past treatments included medications and a home exercise program. The treatment plan was for an MRI of the bilateral shoulders. The Request for Authorization form and rationale for treatment were not provided for review.

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.

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

Decision rationale: The request for an MRI of the bilateral shoulders is not medically necessary. The injured worker was noted to have complaints of pain in the right and left shoulder. It showed that she had impingement of the right and left shoulder with a rotator cuff tear on the right and a rotator cuff injury and frozen shoulder on the left. The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult, or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Based on the clinical information submitted for review, an MRI of the bilateral shoulders would not be indicated. There was a lack of documentation regarding the failure of conservative treatment of at least 4 to 6 weeks to determine medical necessity of an MRI. Furthermore, there was no documentation regarding evidence of tissue insult or neurovascular dysfunction to indicate the need for an MRI. The rationale for the request is unclear. In the absence of this evidence, the request is not supported by the evidence based guidelines. Given the above, the request is not medically necessary.