

Case Number:	CM14-0023843		
Date Assigned:	08/01/2014	Date of Injury:	09/04/2012
Decision Date:	10/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational 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:

117 pages provided for this review. The date for the application for independent medical review was signed on February 25, 2014. The requested treatments were MRI of both shoulders, Protonix 20 mg number 90, Anaprox 550 mg number 90 and Lorcet 7.5\650 mg number 60. The Protonix, Anaprox and the Lorcet plus were certified. The MRI of both shoulders was not medically necessary. Per the records provided, the patient was injured on September 24, 2012 while carrying parts and delivering auto-parts to customers. He reports turning on the knee and the knee gave out. As of May 29, 2013, the patient was making progress regarding the left knee however the shoulders had progressively gotten worse. It was initially the left shoulder, but due to overuse of the right shoulder he began to develop a compensatory right shoulder impingement syndrome as well. There was limited range of motion with positive impingement bilaterally. The provider was requesting an MRI scan of both shoulders. As of July 10, 2013, there was bilateral shoulder complaints related to the continuous trauma. The symptoms have remained unchanged. There was limited range of motion to both shoulders with positive impingement signs. As of January 15, 2014 the patient shoulders continued to be an ongoing and increasing source of disability and pain. He was permanent and stationary with regards to the left knee. The provider recommends bilateral shoulder MRI scans. The documentation does not discuss what if any conservative treatment had been done for 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. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment in Workers' Compensation, Shoulder Procedure Summary (updated 12/27/13), Indications for imaging- Magnetic resonance imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, MRI

Decision rationale: The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulders to support advanced imaging bilaterally. The request is appropriately non certified.