Case Number:	CM14-0055223		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2013
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 46-year-old male who sustained an injury as result of a golf cart collision on 5/3/2013. Since the accident, he has a complaint of right knee, bilateral shoulders and left wrist pain. Subjectively, on his most recent PR-2's dated 2/03/2014 and 03/04/2014, there is no complaint of pain at either of the areas of injury / concern. There is no documented physical examination, other than 'no change in PE' in which to determine necessity of care. In dispute is a decision for a MRI of bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.acr.org/~/media/ACR/Documents/PGTS/guidelines/MRI_Shoulder.pdf.

Decision rationale: Per Guidelines the primary indications for MRI of the shoulder include, but are not limited to, diagnosis, exclusion, and grading of suspected: 1. Rotator cuff tendon

abnormalities: full-thickness, partial-thickness, and recurrent (postoperative) tears, tendinopathy, tendinitis, and cuff tear arthropathy. 2. Disorders of the long head of the biceps brachii: full-thickness, partial-thickness, and recurrent (postoperative) tears, tendinopathy, tendinitis, subluxation, and dislocation. 3. Conditions affecting the supraspinatus outlet: acromial shape, os acromial, subacromial spurs, acromioclavicular joint disorders, Coracoacromial ligament integrity, subacromial bursitis.4. Labral abnormalities: cysts, degeneration, and tears, including superior labrum anterior posterior (SLAP) lesions, Bankart lesions and their variants, and recurrent (postoperative) labral tears. 5. Abnormalities of the rotator interval and biceps pulley 6. Muscle disorders affecting the shoulder girdle: atrophy, hypertrophy, denervation, masses, injuries. 7. Glenohumeral chondral and osteochondral abnormalities: osteochondral fractures and osteochondritis dissecans, articular cartilage degeneration, fissures, fractures, flaps, and separations. 8. Intra-articular bodies 9. Synovial-based disorders: synovitis, bursitis, metaplasia, and neoplasia. 10. Marrow abnormalities: osteonecrosis, marrow edema syndromes, and stress fractures. 11. Neoplasms, masses, and cysts of bone, joint, or soft tissue. 12. Infections of bone, joint, or soft tissue. 13. Congenital and developmental conditions including dysplasia and normal variants. 14. Vascular conditions: entrapment, aneurysm, stenosis, and occlusion. 15. Neurologic conditions: entrapment, compression, masses, and peripheral neuritis. MRI of the shoulder may be indicated to further clarify and stage conditions diagnosed clinically and/or suggested by other imaging modalities, including, but not limited to: 1. Arthritis's: inflammatory, infectious, neuropathic, degenerative, crystal-induced, and post-traumatic. 2. Frozen shoulder and adhesive capsulitis. 3. Primary and secondary bone and soft tissue tumors. 4. Fractures and dislocations.Last, MRI of the shoulder may be useful to evaluate specific clinical scenarios, including, but not limited to: 1. Prolonged, refractory, or unexplained shoulder pain. 2. Acute shoulder trauma. 3. Impingement syndromes: subacromial, sub coracoid, internal. 4. Glenohumeral instability: chronic, recurrent, sub-acute, and acute dislocation and subluxation. 5. Shoulder symptoms in the overhead or throwing athlete. 6. Mechanical shoulder symptoms: catching, locking, snapping, crepitus. 7. Limited or painful range of motion. 8. Swelling, enlargement, mass, or atrophy. 9. Patients for whom diagnostic or therapeutic arthroscopy is planned. 10. Patients with recurrent, residual, or new symptoms following shoulder surgery.Based upon the progress reports dated 3/4/2014 and 2/3/2014 there is indecision from the requesting physician as to what needs ordered, a bilateral or right shoulder MRI. In addition, the patient's own subjective complaint of 0/10 pain and lack of documented or legibly documented physical exam findings negates the necessity of the requested imaging study in determining an underlying etiology of previous pain complaints. Therefore, MRI of bilateral shoulders is not medically necessary.