

Case Number:	CM14-0074458		
Date Assigned:	07/16/2014	Date of Injury:	01/29/2009
Decision Date:	09/09/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopedic Surgery 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 claimant is a 58-year-old female who sustained a vocational injury on January 29, 2009 when the claimant was walking in the work area and slipped and fell against a metal rack. The most recent office note available for review is from June 23, 2014 at which time the claimant reported slight improvements from her previous visit. She complained of bilateral shoulder pain, right wrist and left wrist pain which was aggravated with prolonged activities and movements and was associated with numbness, tingling, and weakness. The claimant had difficulties sleeping due to wrist pain. She also complained of bilateral ankle pain which aggravated her more with prolonged walking or standing. Examination of bilateral shoulders showed she had positive Neer and positive Hawkins/Kennedy bilaterally. The claimant's current working diagnoses are bilateral shoulder impingement syndrome. Prior to the June 3, 2014 office note, the claimant was seen in the office on June 12, 2014 at which time she complained of continuous pain in the right shoulder, frequent pain in the left shoulder which was worse with reaching overhead, lifting, carrying, pushing, pulling and sleeping on her side. Rest and medication seemed to help. Examination of bilateral shoulders showed range of motion to 170 degrees of flexion, bilateral abduction to 160 degrees and bilateral internal rotation to 70 degrees. Conservative treatment to date included Tylenol and additional medication of which are not specifically identified in the documentation presented for review. Radiographs of the left shoulder from March 12, 2014 showed AC joint changes and right shoulder x-rays from the date were noted to be within normal limits. Current request is for MRI's of the bilateral shoulders to establish objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapterMagnetic resonance imaging (MRI).

Decision rationale: The ACOEM Guidelines note that for most patients shoulder film special studies are not needed unless four to six week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines note that MRI's should be considered in acute shoulder trauma when there are normal plain radiographs, when there is subacute shoulder pain with questions of instability or suspected rotator cuff tear impingement after conservative treatments have failed. Currently, there is no documentation to suggest the claimant has undertaken a formal course of physical therapy as well as a home exercise program or has failed to have relief with injection therapy and antiinflammatories prior to considering further diagnostic testing. Currently, there is no documentation supporting there have been suggestions or discussion regarding surgical intervention for which an MRI may be able to provide useful information prior to proceeding with surgical intervention. As such, the request is not medically necessary and appropriate.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapterMagnetic resonance imaging (MRI).

Decision rationale: The ACOEM Guidelines note that for most patients shoulder film special studies are not needed unless four to six week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines note that MRI's should be considered in acute shoulder trauma when there are normal plain radiographs, when there is subacute shoulder pain with questions of instability or suspected rotator cuff tear impingement after conservative treatments have failed. Currently, there is no documentation to suggest the claimant has undertaken a formal course of physical therapy as well as a home exercise program or has failed to have relief with injection therapy and antiinflammatories prior to considering further diagnostic testing. Currently, there is no documentation supporting there have been suggestions or discussion regarding surgical intervention for which an MRI may be able to provide useful information prior to proceeding with surgical intervention. As such, the request is not medically necessary and appropriate.

