

Case Number:	CM14-0090360		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2001
Decision Date:	09/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/16/2014

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 Licensed in Diagnostic Radiology 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 patient is a 58 year old female who reports suffering a work-related injury on 11/07/01. She has a history of subsequent cervical spinal fusion surgery in 2004, and 2010. X-rays of bilateral shoulders from 5/1/14 demonstrate evidence of prior Mumford procedures (distal clavicle resection). The most recent medical provider report from 5/23/14 documents bilateral supraspinatus, acromioclavicular joint, and biceps tendon groove tenderness as well as decreased range of motion. The medical record indicates that the patient is taking multiple pain medications including morphine and oxycodone. As part of her treatment plan, a request was made for MRIs of bilateral shoulders with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Shoulders W/Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): <207-208>.

Decision rationale: The patient has a history of chronic bilateral shoulder pain with evidence of prior bilateral Mumford procedures. The medical record provides no further details of the exact

nature of her shoulder surgeries. According to the ACOEM, for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. The patient's record does not indicate the presence of a red-flag condition. Also, there is no record of the patient receiving conservative treatment other than multiple medications. Therefore, in combination with the medical record and the guidelines, the request for an MRI of Bilateral Shoulders with contrast is not medically necessary.