

Case Number:	CM14-0194940		
Date Assigned:	12/02/2014	Date of Injury:	04/21/2011
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine 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 29-year-old female with date of injury of 04/21/2011. The listed diagnoses from 10/10/2014 are: 1.Cervical, thoracic sprain/arthrosis.2.Bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis. 3. Bilateral carpal tunnel syndrome and cubital tunnel syndrome. 4. Lumbosacral strain/arthrosis. 5. Bilateral plantar fasciitis. 6. Umbilical hernia. 7. Bilateral lower extremity varicose veins. According to this report, the patient complains of bilateral shoulder, neck, bilateral hand, and wrist pain. The patient received acupuncture treatments in the past, and unfortunately, it exacerbated her pain. She has also received numerous cortisone injections in her bilateral shoulders which provided her temporary relief. Examination reveals positive Hawkins', Neer's and cross body abduction movement bilaterally. The documents include progress reports from 07/09/2014 to 10/10/2014. The utilization review denied the request on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter on MRI

Decision rationale: This patient presents with bilateral shoulder, neck, and bilateral hand and wrist pain. The treater is requesting an MRI of the right shoulder. The ACOEM Guidelines page 207 to 208 the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The records do not show any previous MRI of the right shoulder. The treater states on 10/10/2014, "Due to the patient's chronic right shoulder despite having numerous cortisone injections, I am requesting authorization for an MRI of the right shoulder to better assess the problem." Given that the treater has noted continued pain in the shoulder, an MRI of the right shoulder is appropriate to rule out other pathology. The request is medically necessary.