

Case Number:	CM14-0028282		
Date Assigned:	06/13/2014	Date of Injury:	03/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 42 year old male, who sustained an industrial injury on 3/15/10. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, lumbar spine sprain/strain and bilateral shoulders impingement. Treatment to date has included oral pain medications and activity restrictions. Currently, the injured worker complains of low back pain with radiation to right leg, bilateral shoulder pain and persistent numbness and tingling in bilateral hands. On physical exam dated 2//24/14, tenderness is noted on palpation of lumbar region with limited range of motion and tenderness and crepitus of bilateral shoulders with very limited range of motion. The treatment plan consisted of requesting 12 visits of chiropractic therapy and (MRI) magnetic resonance imaging 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 the Right Shoulder without Contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for bilateral shoulder pain. When seen, he was having bilateral shoulder pain. Physical examination findings included decreased and guarded range of motion with crepitus and positive impingement testing. He had been referred for physical therapy and was subsequently seen for the initial evaluation. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. The claimant was just starting a course of conservative physical therapy treatments. Therefore, the requested shoulder MRI was not medically necessary.