

Case Number:	CM15-0003401		
Date Assigned:	02/25/2015	Date of Injury:	07/22/2014
Decision Date:	04/01/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 54-year-old, male who sustained a work related injury on 7/22/14. The diagnoses have included bilateral carpal tunnel syndrome, right shoulder strain, and cervical radiculopathy. Treatments to date have included chiropractic treatments. In the Chiropractic Follow-Up Visit note dated 11/20/14, the injured worker complains of bilateral arms numbness and tingling. He has tenderness and spasm on palpation of paracervical musculature on both sides. He has some decreased range of motion in the neck. He has right and left shoulder tenderness to palpation. He has tenderness to touch in bilateral elbows and wrists. He has improved function to do activities around the house. He has improved 20% since last visit. On 12/9/14, Utilization Review non-certified requests for MRIs of right and left shoulders. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/14), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested shoulder MRI, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has bilateral arms numbness and tingling. He has tenderness and spasm on palpation of paracervical musculature on both sides. He has some decreased range of motion in the neck. He has right and left shoulder tenderness to palpation. He has tenderness to touch in bilateral elbows and wrists. The treating physician has not documented sufficient exam evidence of internal derangement of the shoulder joint. The criteria noted above not having been met, shoulder MRI is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/14), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested shoulder MRI, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has bilateral arms numbness and tingling. He has tenderness and spasm on palpation of paracervical musculature on both sides. He has some decreased range of motion in the neck. He has right and left shoulder tenderness to palpation. He has tenderness to touch in bilateral elbows and wrists. The treating physician has not documented sufficient exam evidence of internal derangement of the shoulder joint. The criteria noted above not having been met, shoulder MRI is not medically necessary.