

Case Number:	CM15-0100666		
Date Assigned:	06/03/2015	Date of Injury:	07/28/2011
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male, who sustained an industrial injury on July 28, 2011. He reported falling backwards, losing consciousness, with injury to his head, lower back, neck, and shoulders. The injured worker was diagnosed as having left shoulder pain, status post bilateral carpal tunnel release in October 2014, bilateral elbow pain with medial epicondylitis, and right shoulder pain. Treatment to date has included MRIs, electromyography (EMG)/nerve conduction velocity (NCV), bilateral carpal tunnel release, x-rays, and medication. Currently, the injured worker complains of ongoing bilateral shoulder and upper extremity pain. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker's current medications as Voltaren gel and Prilosec. Physical examination was noted to show ongoing decreased range of motion (ROM) in the bilateral upper extremities. A left shoulder MRI from 2012 was noted to show tendinosis degenerative changes of the AC joint, a tear within the adjacent paralabral cyst, and the superior and posterior glenoid labrum and adhesive capsulitis. Previous electromyography (EMG) / nerve conduction velocity (NCV) studies were noted to show severe bilateral carpal tunnel syndrome. A right shoulder MRI from 2013 was noted to show diffuse abnormal marrow signal intensity and anterior surface partial tear of the infraspinatus, and osteoarthritis. The treatment plan was noted to include requests for authorization for updated MRIs of the right and left shoulders, also requested by the orthopedist to conduct further consultation of future treatment of the bilateral shoulders, with continued Voltaren gel and Prilosec.

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-Treatment in Workers' Compensation, Shoulder (Acute & Chronic) Magnetic Resonance Imaging (MRI).

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

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. In addition, there is no documentation of significant change in the patient's symptoms or objective evidence suggestive of significant pathology change. Therefore MRI of the left shoulder 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-Treatment in Workers' Compensation, Shoulder (Acute & Chronic) Magnetic Resonance Imaging (MRI).

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

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. In addition, there is no documentation of significant change in the patient's symptoms or objective evidence suggestive of significant pathology change. Therefore MRI of the right shoulder is not medically necessary.