

Case Number:	CM15-0148508		
Date Assigned:	08/11/2015	Date of Injury:	09/22/2009
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 48 year old male who reported an industrial injury on 9-22-2009. His diagnoses, and or impression, were noted to include: spurring on the acromion of the bilateral shoulders; and bilateral shoulder "RCT". X-rays of the bilateral shoulders were said to have been done. His treatments were noted to include: bilateral arthroscopic surgeries; magnetic resonance imaging studies of the left shoulder (4-2014); orthopedic evaluation (7-2014); medication management; and rest from work. The progress notes of 7-9-2015 reported a re-examination with reports of doing better with regard to his left hip but was now with complaints of persistent bilateral shoulder pain. Objective findings were noted to include global tenderness about the bilateral shoulders. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the bilateral shoulders to further assess his pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI bilateral shoulders is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnosis is rotator cuff tear of the bilateral shoulders. The date of injury is September 22, 2009. The request for authorization is July 16, 2015. According to a July 9, 2015 progress note, each worker is doing better with respect to left hip. Subjectively, the injured worker has bilateral persistent shoulder pain. Objectively, there is global tenderness about the bilateral shoulders. There are no specific physical findings documented. X-rays were performed that showed spurring bilaterally. The treating provider is requesting an MRI to further assess the pathology of the shoulders. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There are no new significant symptoms and/or objective findings suggestive of significant pathology documented in the medical record. The patient complains of bilateral shoulder pain and underwent bilateral shoulder arthroscopies (dates are not available). According to the utilization review, the injured worker had a left shoulder MRI on April 17, 2014. The right shoulder MRI date is not available in the medical record. The treating provider indicates a clinical rationale for the MRIs bilaterally is to further assess the pathology of the shoulders. This rationale is neither understood nor adequately explained in the medical record (see UR). Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation indicating significant new symptoms and or objective findings suggestive of significant pathology and an appropriate clinical indication, MRI bilateral shoulders is not medically necessary.