

Case Number:	CM15-0163411		
Date Assigned:	08/31/2015	Date of Injury:	06/11/2012
Decision Date:	09/30/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/20/2015

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:

The injured worker is a 65 year old male, who sustained an industrial injury on June 11, 2012. He reported pain in his back, neck and shoulders due to continuous trauma. The injured worker was currently diagnosed as having cervical spine sprain and strain, myofasciitis, lumbar spine sprain and strain, bilateral shoulder tenosynovitis, bursitis, rule out rotator cuff tear, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral knee internal derangement, insomnia, anxiety and depression. Treatment to date has included extracorporeal shockwave treatment, diagnostic studies, physiotherapy and medication. On May 6, 2015, the injured worker complained of sharp, aching pain in his shoulders with radiation to his arms. He reported instability of the shoulders with clicking and grinding sensations. He had numbness and tingling in his arms and hands. His pain level throughout the day was noted to depend of activities. Hawkins was positive bilaterally. Treatment recommendations for the bilateral shoulders included chiropractic manipulative therapy, myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion, joint mobilization, home program instruction, MRI and x-ray. A request was made for an MRI of the 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 bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, an MRI bilateral shoulder 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 diagnoses are cervical spine sprain strain, myofasciitis; lumbar spine sprain strain; lumbar spine disc herniation; bilateral shoulder tenosynovitis; bilateral carpal tunnel syndrome bilateral cubital tunnel syndrome; bilaterally internal derangement; hypertension, insomnia and anxiety/depression. The date of injury is June 11, 2012. Request authorization is June 26, 2015. There are multiple extracorporeal shock wave therapy progress notes in the medical record. There is a single new patient evaluation by the requesting chiropractic dated May 6, 2015. Subjectively, the injured worker has multiple complaints including neck, bilateral shoulders, bilateral hands, bilateral wrist and bilateral knees. Objectively, shoulder examination is tender to palpation over the supraspinatus and infraspinatus tendons. There is decreased shoulder range of motion. There are no red flags and no neurologic deficits documented in the medical record. It is unclear why an MRI is being sought after three years (date of injury June 11, 2012). There is no clinical discussion of a suspected rotator cuff tear. There were no plain radiographs of the shoulders. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with red flags or neurologic deficits and no clinical discussion of suspected rotator cuff tear or plain shoulder radiographs, MRI bilateral shoulders is not medically necessary.