

Case Number:	CM15-0193546		
Date Assigned:	10/07/2015	Date of Injury:	02/08/2013
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Family Practice

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 59 year old female, who sustained an industrial-work injury on 2-8-13. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder impingement. Treatment to date has included pain medication including Norco, diagnostics, off of work, activity modification, physical therapy and other modalities. The physician indicates that Magnetic Resonance Imaging (MRI) of the right shoulder dated 6-11-13 reveals tendinosis, acromioclavicular joint (AC) arthrosis and tear of the supraspinatus. Medical records dated (5-5-25 to 8-31-15) indicate that the injured worker complains of right shoulder pain. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-31-15 the injured worker has not returned to work and is temporarily totally disabled since July 2013. The physical exam dated 8-31-15 reveals that there is tenderness noted over the greater tuberosity, anterior capsule, and acromioclavicular joint (A C) joint bilaterally. There is decreased range of motion bilaterally. The physician indicates that the injured worker is allergic to Nonsteroidal anti-inflammatory drugs and injectable analgesics. He also indicates that since she is allergic to injectable analgesics she may need upper extremity and lower extremity electrodiagnostics and recommends Magnetic Resonance Imaging (MRI) of both shoulders. The requested service included One Magnetic Resonance Imaging (MRI) of the bilateral shoulders. The original Utilization review dated 9-11-15 non-certified the request for One Magnetic Resonance Imaging (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:

One MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/ Magnetic resonance imaging (MRI).

Decision rationale: According to the MTUS ACOEM guidelines, shoulder imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the injured worker has undergone prior imaging of the right shoulder and as noted by ODG, repeat shoulder MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records do not establish a significant change in symptoms to support the request for repeat imaging. With regards to the left shoulder, the medical records do not establish red flags, significant objective findings or evidence of failure of conservative care to support the request for advanced imaging studies. The request for One MRI of the bilateral shoulders is not medically necessary or appropriate.