

Case Number:	CM15-0028172		
Date Assigned:	02/19/2015	Date of Injury:	10/24/2005
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated October 24, 2005. The injured worker diagnoses include cervical spine strain, post-operative right shoulder depression, and left rotator cuff tear. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 2/3/2015, the injured worker reported low back pain and bilateral groin pain that extends into the anterior thighs and down both legs to the level of the feet. She also reports numbness and tingling in both lower extremities and bilateral shoulder pain. Bilateral shoulder exam revealed tenderness over the posterior lateral aspect of both shoulders, worse on the left side. There was a decreased range of shoulder motion limited by pain, worse on the left. Rotator cuff impingement was positive on the left side. The treating physician prescribed services for MRI studies of both shoulders. Utilization Review determination on February 11, 2015 denied the request for MRI studies of both shoulders, citing MTUS ACOEM, Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI studies of both shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with low back pain and bilateral groin pain that extends into the anterior thighs and down both legs to the level of the feet. The current request is for MRI studies of both shoulders. The treating physician states, "She continues to have difficulty with prolonged standing or walking. She describes numbness and tingling in both lower extremities. She continues to be symptomatic with bilateral shoulder pain. She has restricted ROM. She has previously undergone right shoulder surgery. She has evidence of left shoulder impingement syndrome. Based on persistent bilateral shoulder pain, I am requesting authorization for MRI to be performed to determine whether she is a candidate for orthopedic evaluation (B.60/63)." The ODG guidelines recommend shoulder MRI for acute trauma when there is suspicion of rotator cuff tear/impingement; over age 40; normal plain radiographs. Or for sub acute shoulder pain with 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, there is no documentation of prior MRI, only that surgery was performed. The patient does have limited ROM, as well as a positive impingement syndrome on the left side. The physician states that the request is to rule out if she is a candidate for orthopedic evaluation, which is not the intended use of MRI by the ODG guidelines. The current request is not medically necessary and the recommendation is for denial.