

Case Number:	CM15-0214711		
Date Assigned:	11/04/2015	Date of Injury:	05/06/2015
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on May 6, 2015. She reported cumulative trauma. The injured worker was currently diagnosed as having rule out cervical degenerative disc disease, cervical myofascitis and thoracic myofascitis. Treatment to date has included physical therapy, thoracic spine MRI, x-rays, home stretching and acupuncture. On September 2, 2015, the injured worker complained of neck pain going into the bilateral trapezii as well as low back pain. Physical examination of the bilateral shoulders was unremarkable. The treatment plan included an MRI of the cervical spine, acupuncture and medications. On October 12, 2015, the injured worker complained of bilateral shoulder pain localized over the superior and posterior aspect. It also involves the base of the neck area as well as posterior scapular area. She also reported tightness and stiffness involving the upper back area and occasional paresthasias involving the left lower extremity. Physical examination revealed tenderness over the bilateral trapezius area. Her AC joints were prominent but non- tender. Range of motion was noted to be full. Bilateral positive impingement sign and positive cross-arm sign were noted. Strength testing showed decreased forward flexion strength of four out of five bilaterally. Her external and internal strength was five out of five. X-ray of the left shoulder showed AC joint degeneration, normal glenohumeral joint space, well-centered humeral head, no soft tissue calcifications and no arthritic changes. Right shoulder AP view also showed degenerative changes of the AC joint humeral head, unremarkable glenohumeral joint, no soft tissue calcifications, well-centered humeral head and no signs of arthrosis. Notes stated an MRI showed no tears. A request was made for MRI of the bilateral shoulders with arthrogram. On October 20, 2015, utilization review denied a request for MRI of the bilateral shoulders with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulders with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the physical examination does not provide evidence of any condition that would warrant surgery or an MRI in either shoulder. The request for MRI bilateral shoulders with arthrogram is determined to not be medically necessary.