

Case Number:	CM15-0050064		
Date Assigned:	03/23/2015	Date of Injury:	11/30/2000
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 58 year old male, who sustained an industrial injury on November 30, 2000. He reported injury of neck, bilateral shoulders, bilateral knees, lumbar spine, and elbow. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus, bilateral shoulder internal derangement, carpal tunnel syndrome, deQuervain's tenosynovitis, lumbar spine myoligamentous injury, bilateral knee internal derangement, secondary sleep deprivation, and secondary depression. Treatment to date has included magnetic resonance imaging, electrodiagnostic studies, and medications. On January 6, 2015, he was seen for constant neck pain, bilateral shoulder pain, bilateral wrist pain, constant low back pain, bilateral knee pain, difficulty with sleep, and depression. The treatment plan included: physical therapy, magnetic resonance imaging and x-rays, electrodiagnostic studies, pain management evaluation, and psychological evaluation and treatment. The request is for magnetic resonance imaging of the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, MRI.

Decision rationale: This patient has a date of injury of 11/30/00 and presents with chronic right shoulder pain. The current request is for MRI OF THE RIGHT SHOULDER WITHOUT DYE. Request for Authorization dated 01/06/15 requests Bilateral shoulder MRI and x-rays. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. The ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The patient underwent a MRI of the right shoulder on 01/31/14 which revealed, focal full thickness tear of the supraspinatus tendon near its insertion without evidence of tendon retraction. On 01/06/15, examination revealed bilateral shoulder pain with popping and clicking with movement. The treating physician requested MRIs and x-rays for cervical spine, lumbar spine, shoulders and knees. A rationale for the request was not provided. In this case, there are no new injuries, no significant changes in examination, or new location of symptoms requiring additional investigation. The requested repeat MRI of the right shoulder IS NOT medically necessary.