

Case Number:	CM15-0057688		
Date Assigned:	04/02/2015	Date of Injury:	10/14/2009
Decision Date:	08/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, 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:

This is a 66-year-old male patient who sustained an industrial injury on 10/14/2009. The mechanism of injury and initial report of injury are not found in the records reviewed. The diagnoses include bilateral shoulder rotator cuff tears, status post-right shoulder video arthroscopy with subacromial decompression and debridement of massive rotator cuff tear; left shoulder open arthrotomy and what appears to be rotator cuff repair. Per the doctor's note dated 2/19/2015, he had complains of bilateral shoulder pain, left greater than right, worse with overhead activities. Pain disrupts his sleep. Physical examination revealed bilateral trapezial trigger points, diminished range of motion of the cervical spine, no focal neurological deficit C4-T1 to motor and sensory evaluation, focal tenderness over the biceps tendon, rotator cuff and subacromial region of his left shoulder, mild decreased range of motion on the bilateral shoulder, mild positive impingement sign, positive arc test and positive Neer test of the left shoulder; mild impingement sign, and negative arc test of his right shoulder. The medications list includes prilosec. The treatment plan is for bilateral shoulder MRIs as bilateral shoulder replacement has been suggested. He has undergone right shoulder video arthroscopy with subacromial decompression and debridement of massive rotator cuff tear on 10/7/2010 and left shoulder open arthrotomy and what appears to be rotator cuff repair on 10/27/2009. He has had right shoulder X-ray dated 1/27/2015 with normal findings and left shoulder X-ray dated 1/27/2015 which revealed mild osteoarthritis. Treatment to date has included Synvisc injection to the right shoulder, and medications. A request for authorization is made for the following: Magnetic Resonance Imaging (MRI) bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Physiologic evidence of significant tissue insult or neurovascular dysfunction are not specified in the records provided. Per the records provided, patient does not have evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise on BILATERAL shoulder exam. Response to a recent course of conservative therapy including physical therapy and pharmacotherapy for the bilateral shoulder is not specified in the records provided. Previous diagnostic study reports for the bilateral shoulder since the date of injury in 2009 (except X-rays) is not specified in the records provided. The medical necessity of Magnetic Resonance Imaging (MRI) bilateral shoulders is not established for this patient.