

Case Number:	CM15-0084488		
Date Assigned:	05/06/2015	Date of Injury:	08/17/2010
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/02/2015

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: North Carolina, Georgia
 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 42 year old female, who sustained an industrial injury on 08/17/2010. She reported an acute onset of pain in her neck, right shoulder, and wrist while moving a patient. The injured worker is currently off work due to being temporarily totally disabled. The injured worker is currently diagnosed as having cervical degenerative disc disease with herniated nucleus pulposus and right upper extremity radiology, right shoulder tendinosis, right ulnar nerve cubital tunnel syndrome, right wrist subluxing extensor carpi ulnaris status post reconstruction, left shoulder impingement, left wrist internal derangement, reactionary depression/anxiety, and medication induced gastritis. Treatment and diagnostics to date has included physical therapy, right wrist MRI, right wrist surgery, cervical spine MRI, chiropractic treatment, acupuncture, cervical epidural injections, rights shoulder MRI, electromyography of the upper extremities, and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of cervical spine, right shoulder, right wrist, left shoulder, and left wrist pain. Objective findings matched the injured worker's complaints. The treating physician reported requesting authorization for bilateral shoulder MRIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indication. The submitted medical records include results of an MRI of right shoulder from 2012 with the assessment that symptoms have not improved since that MRI. There is no report that symptoms have changed since the time of that MRI. As symptoms have been stable, there is no indication for repeat MRI of right shoulder. As a result, MRI of bilateral shoulders is not medically necessary.