

Case Number:	CM14-0125574		
Date Assigned:	08/11/2014	Date of Injury:	06/17/2011
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who was reportedly injured on 06/17/2011. The mechanism of injury is listed as a cumulative work injury from repetitive slicing, frying, reaching, chopping, washing dishes causing bilateral shoulder pain. The last progress report dated 07/01/2014 noted the injured worker has bilateral shoulder pain radiating to the neck, arms and fingers rating 8/10. The injured worker utilizes Norco and Tylenol. On examination there was impingement, acromioclavicular joint compression and supraspinatus sign is positive. Range of motion is reduced. Magnetic resonance image from August 2011 shows only supraspinatus tendinitis. A request was made for repeat bilateral shoulder magnetic resonance images and was not certified on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder MRIs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): MRIs. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (MRI) section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Shoulder Chapter, Magnetic Resonance imaging (MRI) section

Decision rationale: The claimant has a reported Date of Injury of 6/17/2011. There have been previous CT scan and MRI of the shoulders on August 22, 2011 which revealed only supraspinatous tendonitis and arthritis with no acute tears evident. The documentation 2/20/2014 and 7/2/14 reveals the claimant to have orthopedic testing positive with Impingement sign, supraspinatous compression testing positive as well as Acromioclavicular joint symptoms. These signs may be indicative of a rotator cuff tear, such that repeat MRI is medically necessary, however the findings may not be causally related to the alleged industrial injury of 6/17/2011. Therefore the repeat bilateral MRI is medically necessary.