

Case Number:	CM14-0149656		
Date Assigned:	09/18/2014	Date of Injury:	05/12/2011
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 50-year-old male with a date of injury of 05/12/2011. The listed diagnoses per [REDACTED] are Shoulder pain, Low back pain, Chronic pain syndrome, Opioid-type dependence, Displacement of lumbar intervertebral disk without myelopathy, Cervicalgia and Depressive disorder. According to progress report 08/26/2014, the patient presents with bilateral shoulder, low back, bilateral wrist, right hand, neck, and bilateral knee pain. Examination revealed some instability and balance problems when walking on heels. Range of motion noted limitation of both shoulders to about 120 degrees of abduction. On palpation, there is a widespread tenderness including localized tenderness to the right shoulder joint. Reflexes are brisk and symmetric in both upper and lower extremities. There were no focal motor deficits. Jamar grip strength in the right hand was 85 and left was 115. The treater is requesting "repeat MRI to the right shoulder." Utilization review denied the request on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extremity w/o dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following: (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>)

Decision rationale: This patient presents with continued shoulder complaints. The treater is requesting a "repeat MRI due to some localized issues around the right shoulder." The treater states, "I do not think he has had any diagnostic imaging done in many years." 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 a serious shoulder condition or referred pain." The treater notes that the patient has had prior MRI, which was done "many years" ago. Examination revealed limited range of motion and "localized tenderness to the right shoulder." In this case, there are no new injuries, no significant changes in symptoms, and no significant findings on examination to necessitate a repeat MRI. Recommendation is for denial.