

Case Number:	CM15-0008264		
Date Assigned:	01/26/2015	Date of Injury:	06/21/2011
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old female sustained an industrial injury on 6/21/11 with subsequent ongoing neck, back, bilateral shoulder, arm and hand pain. Treatment included medications, acupuncture, TENS unit, scapula brace, biofeedback therapy, cognitive behavioral therapy, pain management consultations and psychological care. Magnetic resonance imaging of the cervical spine (11/24/14) showed minimal osteoarthritis. Magnetic resonance imaging lumbar spine (11/24/14) showed multilevel disc protrusion with spinal stenosis. MR arthrogram of the right shoulder (8/21/14) showed a partial resection of the acromion with hypertrophy of the clavicular head mildly compressing the supraspinatus with mild muscular atrophy and an undersurface tear. In a PR-2 dated 11/21/14, the injured worker complained of worsening bilateral shoulder pain. Physical exam was remarkable for positive Hawkin's sign for impingement and weakness with abduction testing. Current diagnoses included status post right shoulder arthroscopy subacromial decompression with rotator cuff repair, left shoulder impingement syndrome and rotator cuff tear. Work status was modified duty limiting lifting to no more than 10 pounds. On 1/7/15, Utilization Review noncertified a request for MRI of the bilateral shoulders noting lack of documentation of recent failed conservative therapy, lack of motor weakness and lack of recent trauma and citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states Primary 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).ODG states Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs Subacute shoulder pain, suspect instability/labral tear Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (Mays, 2008). The treating physician did not document a trial and failure of conservative treatment, red flag symptoms or any recent shoulder trauma. As such the request for MRI of the bilateral shoulders is not medically necessary.