

Case Number:	CM15-0126599		
Date Assigned:	07/13/2015	Date of Injury:	11/11/2013
Decision Date:	08/06/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female sustained an industrial injury on 11/11/13. She subsequently reported upper extremity pain. Diagnoses include bilateral wrist derangement and bilateral shoulder internal derangement. Treatments to date include x-ray and MRI testing, work restrictions, physical therapy and prescription pain medications. The injured worker continues to experience constant bilateral hand and wrist pain. Upon examination, there was tenderness over the coracoacromial arch. There was weakness of the rotator cuff. Jobe's test for supraspinatus tendinopathy was positive. Hawkins/ Neer impingement signs were positive. A request for MRI of the bilateral shoulders, quantity of 2 was made by the treating physician.

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, quantity of 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Review did not identify any history of shoulder injury or failed conservative treatment such as physical therapy or injections involving the shoulders. Clinical reports do not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI of the bilateral shoulders, quantity of 2 is not medically necessary and appropriate.