

Case Number:	CM15-0126601		
Date Assigned:	07/13/2015	Date of Injury:	08/07/2012
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
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:

The injured worker is a 48 year old male, who sustained an industrial injury on 8/7/12. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral shoulder rotator cuff injury; cervicgia; disorders of bursae and tendons in shoulder region unspecified; carpal tunnel syndrome. Treatment to date has included status post left shoulder surgery (12/2014); medications. Currently, the PR-2 notes dated 5/26/15 indicated the injured worker was in the office for a follow-up and is a status post left shoulder surgery in December 2014. He has finished physical therapy but reports pain in both shoulders and the neck. He has had a carpal tunnel release on the right and steroid injection in the right shoulder. His shoulder pain has come back and rates the pain as 4/10 and 7/10 at its worst. The pain is aggravated by reaching, exercise, and prolonged sitting. The pain decreases with medications. The injured worker states his symptoms have been unchanged since his injury. Examination of the cervical spine reveals range of motion is full in all planes of the cervical spine. There is tenderness to palpation over the bilateral superior trapezii with negative Spurling's maneuver bilaterally. Examination of the bilateral shoulders reveals tenderness to palpation over the anterior/posterior aspect of the shoulder. There is negative Hawkin's, negative drop arm test, Tinel's sign is positive along with Phalen's sign. Motor strength testing notes normal bulk and tone in all major muscle groups of the upper extremities. Motor strength is 5/5 and symmetrical throughout the bilateral upper extremities except 4/5 bilateral shoulder flexion and abduction. His sensory examination is grossly intact to light touch and pinprick throughout the upper extremities. Deep tendon reflexes note symmetrical at 1+/4 in the bilateral upper extremities and 1+/4 in the bilateral lower extremities. He has negative Hoffmann's; Babinski and Clonus signs. The provider is requesting authorization of MRI right shoulder without contrast as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the right shoulder without contrast as an outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Clinical report does not demonstrate such criteria as clinical exam showed intact unchanged neurological findings with negative orthopedic testing without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study previous done demonstrating pathology consistent with exam findings. The Magnetic Resonance Imaging of the right shoulder without contrast as an outpatient is not medically necessary and appropriate.