

Case Number:	CM15-0023807		
Date Assigned:	02/13/2015	Date of Injury:	10/04/2012
Decision Date:	05/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male who sustained an industrial injury on October 4, 2012. He has reported bilateral shoulder pain and has been diagnosed with bilateral shoulder internal derangement, unspecified and sprain/strain of the neck. Treatment has included injection, a home exercise program, and medications. Currently the injured worker had tenderness to the bicipital groove bilaterally with spasm to the deltoid, biceps, supraspinatus, and infraspinatus bilaterally. The treatment request included repeat MRI's of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI's bilateral shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, under MRI.

Decision rationale: Regarding shoulder MRI, the ODG note:- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. This claimant was injured three years ago, and has tenderness to the bicipital groove. No other clinical signs of internal orthopedic injury or structural derangement is noted. There is no sign of labral or shoulder instability. The request for repeat bilateral shoulder MRIs was not medically necessary and was appropriately non-certified.