

Case Number:	CM15-0066589		
Date Assigned:	04/14/2015	Date of Injury:	09/20/1996
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54-year-old male, who sustained an industrial injury on September 20, 1996. He reported neck, low back and bilateral shoulder pain. The injured worker was diagnosed as having degenerative disc disease, spondylosis and foraminal stenosis of the cervical and lumbar spine, bilateral upper and lower extremity radiculitis, secondary localized osterarthrosis involving the shoulder region and shoulder sprain. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. Currently, the injured worker complains of neck pain, low back pain and bilateral shoulder pain with radiating pain in the upper extremities and associated weakness and numbness of the bilateral lower extremities. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 18, 2015, revealed continued pain. Diagnostic studies of the bilateral shoulders was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram for the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies 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). The provided documentation for review fails to meet the above criteria per the ACOEM. Therefore, the request is not certified and is not medically necessary.