

Case Number:	CM15-0072254		
Date Assigned:	04/23/2015	Date of Injury:	11/13/2005
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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 (IW) is a 67-year-old male who sustained an industrial injury on 11/13/2005 due to a fall. Diagnoses include bilateral shoulder internal derangement. Treatment to date has included medications. According to the progress notes dated 3/12/15, the IW reported pain throughout the cervical, thoracic, lumbar and sacroiliac areas and pain in the shoulders and bilateral wrists, rated 8/10. A request was made for an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The 67 year old patient presents with a flare up of the right shoulder, rated an 8/10. The request is for an MRI of the right shoulder. There is no RFA provided and the date

of injury is 11/13/05. The diagnoses include bilateral shoulder internal derangement. Per 03/12/15 report, physical examination of the right shoulder revealed decreased range of motion, especially on shoulder abduction, 0 degrees. Treatment to date has included medications. Medications include Tramadol, topical cream, Dexilant, Gaviscon, Sentra Am, Probiotics and Colace. The patient is temporarily totally disabled. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) 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)" Per 03/12/15 report, treater states, "Per Dr. R's request, I will be taking over as PTP...Requesting for an MRI of the right shoulder." The patient is diagnosed with bilateral SIS. Aside from decreased range of motion, no other positive exam findings are provided. There is no indication of any recent surgery the patient may have had. The patient has not yet had a MRI of the right shoulder and is diagnosed with right shoulder impingement syndrome. Given that the injury is from 2005 and the patient continues to have right shoulder pain, a MRI appears reasonable and is supported by guidelines. The requested MRI of the right shoulder IS medically necessary.