

Case Number:	CM14-0148932		
Date Assigned:	09/18/2014	Date of Injury:	05/23/2006
Decision Date:	10/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old female who reported injury on 05/23/2006. The mechanism of injury was not provided. The injured worker underwent a right shoulder surgery. Prior therapies were not provided. The documentation of 06/30/2014 revealed the injured worker had increasing pain in the cervical and thoracic spine, bilateral shoulders and hands. The physical examination of the bilateral shoulders revealed there was a well-healed arthroscopic portal of the right shoulder, there was tenderness over the AC joint of both shoulders. The injured worker had a positive Neer's impingement test and Hawkins Kennedy impingement test. The injured worker had decreased range of motion of the left shoulder. There was weakness of the left shoulder with flexion, abduction and internal rotation. The injured worker had complaints of increasing pain toward terminal range of motion. The injured worker had a positive Phalen's test bilaterally and a positive Durkan's median compression test bilaterally. There was diminished sensation to light touch in the median nerve distribution bilaterally. The diagnosis included cervical spine sprain and strain with degenerative disc disease, status post right shoulder arthroscopy with residual right shoulder impingement, arthralgia and AC joint arthrosis, left shoulder impingement syndrome with AC joint arthrosis, bilateral first CMC joint degenerative arthritis and bilateral carpal tunnel syndrome. The treatment plan included MRIs of the cervical spine, thoracic spine, bilateral shoulders, both wrists and hands, and Ultram 50 mg #60 one to two tablets every 4 to 6 hours as needed for severe pain with 3 refills, and Motrin 800 mg 1 tablet 3 times a day for mild to moderate pain with 3 refills. There was a detailed request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Shoulder (Acute and Chronic) MRI's (magnetic resonance imaging)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Additionally, they indicate the primary criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction or a failure to progress in a strengthening program intended to avoid surgery as well as clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the injured worker failed a 4 to 6 week period of trial of conservative care as prior therapies were not provided. Given the above, the request for MRI of the left shoulder is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Shoulder (Acute and Chronic) MRI's (magnetic resonance imaging)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Additionally, they indicate the primary criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction or a failure to progress in a strengthening program intended to avoid surgery as well as clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the injured worker had failed a 4 to 6 week period of trial of conservative care as prior therapies were not provided. Given the above, the request for MRI of the right shoulder is not medically necessary.