

Case Number:	CM14-0143612		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2013
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 43-year-old male who reported an injury on 05/23/2013. The injured worker sustained injuries to his right shoulder when he slipped while climbing up a ladder and caught himself with his right arm. The injured worker's treatment history included right shoulder surgery, postoperative physical therapy, a home exercise regimen, medications, and MRI studies. The injured worker also sustained injuries to his left shoulder, which reportedly occurred while practicing at the shooting range and supporting a rifle with his left arm when he felt a sharp pain in the left shoulder and weakness. The injured worker had undergone an MRI on 08/14/2013 of the left shoulder that revealed degenerative changes of the posterior glenoid margin with associated posterior labral tear with a small 4 mm paralabral cyst; acromioclavicular (AC) joint osteoarthritis impressing the cuff without significant tear. Per the 03/20/2014 notes, the injured worker had been authorized to undergo a left shoulder arthroscopy, acromioplasty, and labral repair, but was still pending scheduling. The injured worker was evaluated on 06/26/2014 and it was documented that the injured worker reported that he felt 60% better since the surgery; however, the date was not indicated. However, he had limited range of motion of the left shoulder. On physical examination of the left shoulder, it revealed there was tenderness to palpation about the anterolateral shoulder and supraspinatus. There was mild tenderness extending to the pectoralis. There was restricted range of motion due to discomfort and pain. There was rotator cuff weakness noted. On 07/10/2014, the injured worker was there for a followup appointment after his first session of physical therapy and reported his pain was back to baseline. The physical examination showed or revealed the same as the last visit. An x-ray of the left shoulder AP and axillary view revealed a normal study. The diagnoses included left shoulder rotator cuff tendinitis/bursitis rule out tear and status post left shoulder arthroscopy. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left 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 Treatment Index 12th Edition (web) 2014 Shoulder, Magnetic Resonance Imaging (MRI)

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

Decision rationale: The request for Magnetic Resonance Imaging of left shoulder is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies 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). Imaging studies may be considered for a patient whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. It was documented the injured worker had X-rays on 07/10/2014, of the left shoulder AP and axillary revealed a normal study. Given the above, the request is not medically necessary.