

Case Number:	CM15-0109551		
Date Assigned:	06/16/2015	Date of Injury:	11/01/2013
Decision Date:	10/06/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, Illinois

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 52-year-old female injured worker suffered an industrial injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. The injured worker had been treated with physical therapy and medications. On 5/12/2015, treating provider reported constant bilateral shoulder pain, on exam there was guarding of the cervical muscle and decreased left shoulder range of motion with anterior tenderness. The treatment plan included Home IF unit, MRA left shoulder, retrospective DOS 5/12/2015 Complex orthopedic examination, Range of motion measurement, X-rays cervical 7 views, X-rays Right shoulder 2 views, X-rays left shoulder 2 views.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA 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 (ODG), 9th edition (web).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 208, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) MR arthrogram.

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder Xray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for MRA left shoulder. Although it is medically necessary to order MRA in this injured worker with past history of left shoulder SLAP tear, it is not appropriate at this time. The medical reports indicate she had an MRI confirmed diagnosis of left shoulder SLAP tear in 2013 that resolved with 21 sessions of physical therapy by 04/2014. The submitted medical records did not explain what happened between 4/2014 and 05/5/2015 that worsened her shoulder problems, or what form of treatment she received within this period. It is not appropriate to do the requested test because of the information gap. There is a need to know why the pain worsened and what has been done since it worsened. Such information will prevent duplicating a test or treatment that has already been done. Besides, another session of physical therapy might take care of the problems. The Official Disability Guidelines states, MR Arthrogram is as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram is performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. The MTUS recommend that the management of the injured worker be based on information from thorough history and physicals, as well as review of medical records, therefore is not medically necessary.

Retro (DOS: 5.12.15) Complex orthopedic examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-213.

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder X-ray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 5.12.15) Complex orthopedic examination. The medical reports indicate she had an MRI confirmed diagnosis of left shoulder SLAP tear in 2013 that resolved with 21 sessions of physical therapy by 04/2014. The submitted medical records did not explain what happened between 4/2014 and 05/5/2015 that worsened her shoulder problems, or what form of treatment she received within this period. It is important to know what form of treatment have been tried and failed since the problems worsened before a consideration can be made for Complex orthopedic examination. The MTUS criteria for surgical

consideration include: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). Activity limitation for more than four months, plus existence of a surgical lesion Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair, therefore is not medically necessary.

Retro (DOS:5. 12. 15) Range of motion measurement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-171. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Flexibility.

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder X-ray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 5.12.15) Range of motion measurement. The MTUS considers range of motion measurement of the neck as of limited value; besides, the Official Disability Guidelines recommends against flexibility testing, as a primary criteria. Rather, this is considered as part of the routine physical examination, therefore is not medically necessary.

Retro (DOS: 5. 12. 15) X-rays cervical 7 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Radiography (x-rays).

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder X-ray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 5. 12. 15) X-rays cervical 7 views. The MTUS criteria for imaging include: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. However, the Medical records indicate she had an unremarkable 5 -views Cervical X-ray, and MRI in 2013. Also, the Official Disability Guidelines recommends 3-views, if unremarkable to follow Cervical MRI. There is no mention of 7-views, therefore is not medically necessary.

Retro (DOS: 5.12.15) X-rays Right shoulder 2 views: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder X-ray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 5.12.15) X-rays Right shoulder 2 views. Although the physical examination revealed limited range of motion and tenderness of the left shoulder, nothing was said of the right shoulder; besides the past history indicate it was the left shoulder that was injured. The MTUS does not recommend imaging studies except in the presence of: 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, therefore is not medically necessary.

Retro (DOS: 5.12.15) X-rays left shoulder 2 views: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder X-ray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Retro (DOS: 5.12.15) X-rays left shoulder 2 views. The medical records indicate similar study in 01/2014 was unremarkable except for minimal AC joint degenerative disease, and slight Rotator cuff calcification. There is no information in her medical records concerning what happened between 05/2014 and 05/2015; therefore it is not possible to know why her problems worsened and what forms of tests and treatments she has had since the one year. Such information will be necessary to avoid duplication. The MTUS criteria of Shoulder imaging include: 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, therefore is not medically necessary.

Home IF unit (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 11/01/2013. The diagnoses included arm sprain/strain, sprain of the neck and lumbosacral degenerative disc disease. The diagnostics included cervical and bilateral shoulder x-rays. A two view bilateral shoulder X-ray revealed minimal AC Joint degeneration and slight calcification of the rotator cuff; MRI of the left shoulder done 01/03/2014 revealed SLAP tear. The injured worker had been treated with physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Home IF unit (indefinite use). There is no information on what form of treatment she has had since the past one year. The MTUS does not recommend interferential unit as an isolated intervention. The MTUS states that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The medical record indicates she was remained off work. Therefore is not medically necessary.