

**REDACTED PAGE**

## **MEDICAL PROFESSIONAL REVIEW**

### **ISSUE AT DISPUTE:**

Whether the Magnetic Resonance Imaging (MRI) of Right Shoulder is/was medically necessary.

### **CASE SUMMARY:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 02/02/2013.

“The patient is a 46-year-old male with a history of a work related injury on 1/13/13. The patient had a shoulder injury. A consultation report from 1/22/13 indicated that the patient had a prior shoulder rotator cuff tear with repair 10 years ago. A diagnostic ultrasound demonstrated no evidence of a full thickness tear. A cortisone injection was done and a follow-up note from 1/29/13 stated no relief from the injection. There is now a request for an MRI study with contrast. EXPLANATION OF FINDINGS: The documentation indicated that this patient had a shoulder injury 10 years ago with rotator cuff repair. He had another injury on 1/13/13. Apparently the patient had a diagnostic ultrasound but no evidence of a full thickness tear. A cortisone injection on 1/29/13 indicated no improvement. Apparently there has been no other conservative management done. ACOEM guidelines, shoulder disorder section, notes ‘The absence of red flags largely rules out the need for special studies, referral, or inpatient care during the first 4 to 6 weeks for most patients, by when spontaneous recovery is expected.’ This patient has not had an adequate trial of conservative management. Based on the above, medical necessity is not established for the requested MRI study. The request is not supported by guidelines or the documentation.”

### **DOCUMENTS REVIEWED FOR DETERMINATION:**

1. Application for IMR
2. Utilization Review Letter by [REDACTED] (dated 2/2/13)
3. External Medical Review Letter by [REDACTED] (dated 1/31/13)
4. Employee’s Medical Records from [REDACTED] (dated 1/22/13 through 3/1/13)
5. Employee’s Medical Records from [REDACTED] (dated 2/21/13 through 3/1/13)

### **MEDICAL TREATMENT GUIDELINE(S) RELIED UPON BY PROFESSIONAL REVIEWER AND WHY:**

The claims administrator relied on American College of Occupational and Environmental Medicine (ACOEM), 3<sup>rd</sup> Addition, 2004

The provider did not indicate what Medical Treatment Guidelines s/he relied upon.

The professional reviewer relied upon American College of Radiology (ACR) guidelines regarding acute shoulder pain with radiographs noncontributory. Status post prior rotator cuff repair. Suspect re-tear. Date of origin. 1995. Last review date: 2010. The reviewer relied upon ACR because s/he deemed they had a greater preponderance of evidence, were more appropriate, and because of greater specificity to the specific clinical circumstance of the worker.

**RATIONALE FOR WHY THE REQUESTED TREATMENT/SERVICE IS/WAS  
MEDICALLY NECESSARY:**

46 year old patient with previous rotator cuff repair 10 years ago reinjured his shoulder on 1/13/13. Xrays were negative and ultrasound of the shoulder revealed an area of decreased echogenicity over the supraspinatus tendon but no definite full thickness rotator cuff tear. Cortisone injection followed without symptomatic relief. Follow up clinic visit demonstrated fairly severe pain over anterior lateral shoulder and persistent weakness. Orthopedist has requested MRI of the shoulder with intra articular contrast.

Patient had prior rotator cuff repair and hence is at risk for re-tear. Mechanism of injury is consistent with rotator cuff injury. Ultrasound was done and while there is no obvious full thickness tear there is abnormal hypo-echoic structure in the supraspinatus which may be a partial thickness tear. Patient had no relief from cortisone injection and still has significant pain and some weakness. In this setting with the prior history of rotator cuff repair as well as abnormal ultrasound imaging MRI of the shoulder is appropriate. Even though a course of physical therapy has not yet occurred the prior surgical history and abnormal ultrasound findings are concern enough to go forward with MRI with contrast as the appropriate imaging exam. Note that while ultrasound is appropriate it is operator dependent. The fact that study has not been called completely normal offers further indication for continued evaluation.

MRI of the shoulder with intra-articular contrast is the procedure of choice for this individual. In light of prior surgical repair and symptoms together with equivocal ultrasound further evaluation is appropriate.

**MEDICAL REVIEWER QUALIFICATIONS:**

The reviewer is an MD with a board certification in Radiology and is licensed in California. I am knowledgeable in the treatment of the enrollee's medical condition, knowledgeable about the proposed treatment, and familiar with guidelines and protocols in the area of the treatment under review. In addition, I hold a current certification by a recognized American medical specialty board in the area or areas appropriate to the treatment under review.

The determination of MAXIMUS and our professional reviewer is deemed to be the final determination of the administrative director, DWC.

However, in accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the aggrieved employee or the aggrieved employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

IMR Manager