

Case Number:	CM13-0000933		
Date Assigned:	02/26/2014	Date of Injury:	03/18/2013
Decision Date:	04/22/2014	UR Denial Date:	05/09/2013
Priority:	Standard	Application Received:	07/03/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 42-year-old male with a date of injury of March 18, 2013. The injured worker's diagnoses include bilateral shoulder sprain/strain, right rotator cuff tear, and facial contusion. The patient has tried conservative therapy including pain medications such as nambumetone, cyclobenzaprine, Polar Frost gel, and Tylenol on an as needed basis. The patient has also tried physical therapy and acupuncture. The patient had previous right shoulder MRI performed on July 22, 2013 which demonstrated a full thickness tear of the supraspinatus tendon. Final Determination Letter for IMR Case Number [REDACTED] 3 measuring 7 mm with no retraction, moderate tendinosis of the supraspinatus, AC joint separation type II, and type III acromion was noted. On the same date, the patient underwent left shoulder MRI which demonstrated a partial thickness tear of the supraspinatus tendon, AC joint separation without edema, anterior subacromial spur, and moderate chondrosis of the glenohumeral joint. The patient then underwent on 10/9/2013 subacromial decompression, distal clavicle resection, and this was followed with postoperative physical therapy. The evaluation physical therapy note on November 13, 2013 indicates that the patient has very limited active and passive range of motion of the right shoulder. The patient was also noted to have severe pain in the left shoulder. An examination performed on July 3, 2013 indicates that the left shoulder range of motion is within normal limits, and the rotator cuff muscles are rated 4+ out of 5 in terms of strength. However, there are positive Neer's and Hawkin's sign as well as cross body abduction. There is negative Yergason's test, apprehension test, sulcus test, and jerk test. A preliminary interpretation of left shoulder x-ray on April 12, 2013 was within normal limits. A utilization review on May 10, 2013 had denied the request for bilateral shoulder MRI and MRI of the left mandible. The stated rationale was a lack of physical exam findings at that time to support magnetic resonance imaging.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 207-209, Chronic Pain Treatment Guidelines CODE OF REGULATIONS Page(s): 4.

Decision rationale: In the case of this injured worker, the patient continues with significant left shoulder pain for a prolonged period. A progress note on date of service April 23, 2013 documents positive "impingement testing for integrity of the left rotator cuff." The initial date of the request of the left shoulder MRI was on May 2, 2013. Since that time, the left shoulder issue remains. This information was not readily available to the utilization reviewer who made a determination on 5/9/2013. An examination performed on July 3, 2013 indicates that although the left shoulder range of motion is within normal limits, there is slight rotator cuff muscle weakness rated 4+ out of 5 and there are positive Neer's, Hawkin's, and cross body adduction signs. There is documentation that the patient received physical therapy and acupuncture, but these notes are not available for review. Note that post-operative physical therapy notes followed the right arthroscopic shoulder surgery are available for review, but the physical therapy notes that should have been submitted are the initial PT notes for the left shoulder. Given the documentation available for review, the request for left shoulder MRI is not recommended (despite it having already been performed on 7/22/2013).