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| Case Number: | CM13-0000984 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 05/28/2013 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 06/25/2013 |
| Priority: | Standard | Application Received: | 07/05/2013 |

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 and 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 patient is a 64 year old male who was injured on 05/28/2013 while attempting to close driver's side sliding door on his work vehicle, he reached behind with left arm and attempted to pull it closed. He felt immediate pain. Prior treatment history has included 18 sessions of physical therapy. His medications include ibuprofen. Progress note dated 01/15/2014 documented the patient still gets sore in the back of the shoulder and down the side sometimes. Objective findings on exam reveal passive range of motion of the shoulder flexion, extension, ER in neutral position, IR in neutral position and ER in neutral position all to be painful. Gross muscle tests reveal shoulder flexion, extension, abduction, internal rotation 4/5 and external rotation -4/5. There is palpable tenderness or increased muscle tone noted. The left upper trapezius is tender with increased tissue tension. Left rotator cuff insertion at greater tubercle and left rotator cuff insertion at lesser tubercle painful. Progress note dated 01/30/2014 documented the patient in for follow-up of his left shoulder status post surgery on 10/08/2013. He is presently on home and gym exercise program completing physical therapy. Objective findings on exam reveal left shoulder range of motion: flexion 150 degrees, abduction 160 degrees, external rotation 80 degrees and internal rotation 80 degrees. There is 5/5 strength to internal and external rotation, abduction, and adduction and flexion and extension.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI Guidelines.

Decision rationale: The CA MTUS and ODG Guidelines recommend consideration for shoulder MRI in cases of acute shoulder trauma, subacute shoulder pain with suspected labral tear/instability, and when plain radiographs are normal. Repeat MRI are not recommended unless there is a significant change in symptoms or findings suggestive of significant pathology. The medical records document the patient had left shoulder surgery on 10/08/2013. Per the last progress note from 01/30/2014, the patient is currently engaged in a home exercise program and has 5/5 manual motor strength testing of all muscle groups of the left shoulder as well as full range of motion in flexion, extension, internal and external rotation. Strength testing has improved since prior note from progress note dated 01/15/2014. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.