

Case Number:	CM13-0008378		
Date Assigned:	12/04/2013	Date of Injury:	01/31/2008
Decision Date:	01/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of January 31, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; an MRI of the shoulder of August 22, 2013, notable for mild-to-moderate rotator cuff tendinosis with associated arthritic changes; and the apparent imposition of permanent work restrictions. It is not clearly stated whether the applicant's limitation have been accommodated by the employer or not. In a Utilization Review Report of July 26, 2013, the claims administrator denied a request for an updated right shoulder MRI. The applicant's attorney later appealed. An earlier clinical progress note of April 17, 2013 is notable for comments that the applicant reports 8/10 pain. His activity level is unchanged. He states that his medications are working well. He is on Lunesta and Nucynta. He states that he has been drinking occasionally but denies any tobacco usage. He is status post left shoulder Bankart surgery in 2003 which did not help. He has been recommended for a left shoulder total shoulder arthroplasty which he is holding off on. Shoulder range of motion is limited with flexion and abduction to 80 to 85 degrees. Lumbar MRI imaging is sought, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 9 Table 9-6, shoulder MRI imaging is "recommended" for preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, however, the request was for right shoulder MRI imaging. The applicant seemingly carries a diagnosis of advanced left shoulder arthritis status post prior left shoulder surgery. The progress note provided did not detail any evidence or suspicion of a large full-thickness or partial-thickness rotator cuff tears for which MRI imaging would have been indicated. The bulk of the information on file pertains to the applicant's low back pathology and left shoulder pathology. There is little or no mention made of right shoulder issues or right shoulder pathology. Ultimately, the right shoulder MRI performed on August 2013, referenced above, was largely equivocal/negative and fails to reveal any evidence of either a full-thickness or partial-thickness rotator cuff tear. For all of these reasons, then, the request is not certified, on Independent Medical Review.