

Case Number:	CM13-0021429		
Date Assigned:	11/08/2013	Date of Injury:	09/13/2012
Decision Date:	01/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation 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 patient is a 33-year-old male who reported a work related injury on 09/13/2012 as a result of strain to the left shoulder. Subsequently, the patient presents for a comprehensive initial orthopedic evaluation under the care of [REDACTED]. The provider documents the patient's course of treatment status post his work related injury. Due the patient's continued pain, the patient was sent for an MRI and underwent surgical interventions on 02/04/2013 indicative of arthroscopy and debridement. The provider documents the patient again underwent surgery for irrigation and debridement due to a wound infection 2 weeks later. The patient currently presents with complaints of left shoulder pain described as constant shooting pain with tingling and burning especially about the biceps area. The provider documents the patient utilizes Prilosec, Lisinopril, Atenolol, and Naproxen. Upon physical exam of the patient's left upper extremity 140 degrees of flexion was noted, 20 degrees extension, 150 degrees abduction, 10 degrees adduction, 80 degrees internal rotation, 70 degrees external rotation. The patient had positive acromioclavicular tenderness and slightly positive rotator cuff tenderness. The patient has 5/5 motor strength noted throughout with the exception of the left supraspinatus. The provider documented the patient had a mildly positive lift off. The provider documents x-rays of the patient's left shoulder dated 08/22/2013 revealed type 2 acromion with degenerative changes in the acromioclavicular joint and subchondral cyst formation noted. There was a small metal anchor in the proximal humerus presumably, from where the biceps tenodesis was performed in the subpectoral portion. The provider documented the patient presents with residual impingement syndrome secondary to acromioclavicular joint pathology. The provider is recommending a repeat MRI to the left shoulder to clearly identify if the patient has had any injury to the subscapularis. The provider documents t

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of left shoulder with contrast , distal radius fractures: Overturned

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): 208.

Decision rationale: The current request is supported. The current request previously received and adverse determination due to a lack of significant objective findings of symptomatology to support a repeat MRI of the patient's shoulder. However, the patient underwent 2 surgical procedures to the left shoulder in the month of 02/2013. The patient completed a course of postoperative supervised therapeutic interventions. The provider documents the patient reports physical therapy interventions helped with his range of motion; however, did not help with the pain. The provider documents the patient has decreased range of motion about the left shoulder and decreased motor strength at the left supraspinatus. To further assess the patient's future course of treatment and to assess whether or not the patient has reinjured his left shoulder as [REDACTED] documents the patient is not progressing postoperatively and there is concern for new injury impingement; therefore, further imaging is being recommended. California MTUS/ACOEM do not specifically address repeat imaging. Official Disability Guidelines indicate, "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Given all the above, the request for repeat MRI of the left shoulder with contrast, distal radius fractures is medically necessary and appropriate.