

Case Number:	CM13-0029408		
Date Assigned:	11/01/2013	Date of Injury:	01/11/2013
Decision Date:	01/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/26/2013

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.

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 sustained injuries to numerous body parts in an industrial fall from a ladder of January 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; non-operative treatment of radial fracture; MRI imaging of the injured knee, notable for an ACL tear; subsequent right knee ACL reconstruction surgery in July 2013; a psychological evaluation; MRI imaging of the left shoulder of September 4, 2013, notable for partial thickness supraspinatus tendon tear; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 4, 2013, the claims administrator denied a request for shoulder MRI and an MRI of the abdomen while approving orthopedic surgery and neurosurgery consultations. No rationale for the MRI denial was noted. Said MRI of September 4, 2013, is notable for a partial thickness supraspinatus tendon tear. A later progress note of October 4, 2013, is notable for comments that the applicant reports multifocal stabbing pain about numerous body parts. The applicant does exhibit tenderness about the anterior shoulder region, positive signs of internal impingement, and 5/5 shoulder strength. An earlier note of September 6, 2013, is also notable for comments that the applicant reports persistent left shoulder pain, is using ibuprofen for pain relief, is off of work, exhibits flexion and abduction to 148 and 170 degrees with tenderness about the anterior shoulder region, and positive signs of internal impingement. MRI imaging was sought. The applicant was asked to continue analgesic medications.

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: Overturned

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, primary criteria for pursuit of imaging studies include emergence of red-flags, evidence of tissues insults, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. In this case, the applicant had, indeed, failed to respond favorably to prior conservative measures. Significant shoulder complaints, shoulder symptoms, and signs of internal impingements were evident some eight to nine months removed from the date of injury. The MRI apparently, did establish a diagnoses of partial thickness rotator cuff tear. Thus, for all of these stated reasons, the MRI in question was indicated and appropriate. Therefore, the original Utilization Review decision is overturned. The request for an MRI of the left shoulder is medically necessary and appropriate.