

Case Number:	CM13-0049770		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	04/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 04/09/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with shoulder joint pain. The patient's symptoms included pain to the bilateral shoulders. The patient reported the pain to be at a 6/10 to 7/10 on the VAS pain scale. The patient described the pain as aching, sharp, and throbbing. Examination of the left shoulder revealed positive subacromial bursa tenderness and positive Hawkins. Past medical treatment included arthroscopic rotator cuff repair and acromioplasty with labral biceps debridement, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN MRI OF THE LEFT SHOULDER WITHOUT CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to the California ACOEM Guidelines, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Routine

testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. For patients with limitations of activity after 4 weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. The documentation submitted for review indicated the patient had a positive Neer's and a positive Hawkins test. The patient was also noted to have an increased range of motion on physical examination. The patient has ongoing pain status post surgery despite conservative care. An MRI would be recommended at this time to assess for recurrent tear. Given the above, the request for an open MRI of the left shoulder without contrast is medically necessary and appropriate.