

Case Number:	CM13-0056240		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2005
Decision Date:	05/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 injured worker is a 64-year-old male who reported an injury on 09/25/2005. The mechanism of injury was not stated. The injured worker is currently diagnosed with history of industrial injury to bilateral shoulders, head and neck; history of right shoulder rotator cuff surgery x2; persistent weakness and pain; history of left shoulder acromioplasty; status post revision arthroscopic decompression and debridement of the left shoulder in 2010; and history of right shoulder rotator cuff surgery with persistent weakness and pain. The injured worker was evaluated on 10/28/2013. The injured worker was status post right shoulder diagnostic and operative arthroscopy with rotator cuff repair on 09/06/2013. The injured worker reported ongoing pain involving the left shoulder. Physical examination of the left shoulder revealed 0 to 130 degree range of motion with positive Neer, Hawkins and impingement sign. There was also tenderness over the AC joint and shoulder girdle musculature. Treatment recommendations included a course of physical therapy twice per week for 6 weeks as well as authorization for treatment for the left shoulder. A request for authorization was then submitted on 11/05/2013 for an MRI of the left shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT SHOULDER MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG),

Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure-Magnetic Resonance Imaging(MRI).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination does reveal positive Neer, Hawkins and impingement sign as well as decreased range of motion and tenderness to palpation. However, there is no evidence of a failure to progress in a strengthening program. There is also no indication of the emergence of any red flags. The previous MRI of the left shoulder was not provided for review. The medical necessity for a repeat imaging study at this time has not been established. Therefore, the request is non-certified.