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| Case Number: | CM13-0057293 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/07/2012 |
| Decision Date: | 04/01/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 Family 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 patient is a 53-year-old female who reported a work injury on 08/07/2012, the patient stated that while she was lifting a large bag of laundry that she felt a "tear" in her left shoulder with "burning". In the physical therapy note dated 01/13/2012, the patient complained of pain that was constant and that all movement aggravates the pain, while rest and pain medications help the pain. The clinical notes stated that the patient had good range of motion but was noted to have decreased strength in her left upper extremity, with tenderness to palpation with moaning and wincing, throughout the left trapezoid particularly over the supraspinatus muscle belly. The patient also noted to have muscle spasms in the sternocleidomastoid muscle and scalene. The patient was noted to have x-rays of the left shoulder that were noted in the therapy report dated 01/13/2012 that stated that the x-rays were negative, the patient pain level was reported as 7/10. The clinical note noted that soft tissue mobilization was not tolerated by the patient so E-stim and ice were used to decrease tension in the left upper trapezoid muscle and the patient reported no improvement after this treatment. The patient diagnosis of high-grade bursal-sided partial rotator cuff tear to left shoulder and chronic impingement diagnosis remained the same after her surgery dated 05/30/2013. The patient is noted to be taking the following medications: Glipizide 10 mg take two tablets twice a day before meals, Hydrocodone 5/325 mg take one every 6 hours as needed for pain, metformin 850 mg take twice a day with meals.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), pgs. 562-563.

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

Decision rationale: The patient has ongoing pain to her left shoulder from her injury reported on 08/07/2012. The ACOEM states that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The MRI will confirm a rotator tear or any tissue injury that the patient would have related to her injury. The patient is noted to have had good range of motion but was noted to have decreased strength in her left upper extremity, with tenderness to palpation with moaning and wincing, throughout the left trapezoid particularly over the supraspinatus muscle belly and noted to have muscle spasms in the sternocleidomastoid muscle and scalene. The clinical note reported that soft tissue mobilization was not tolerated by the patient so E-stim and ice were used to decrease tension in the left upper trapezoid muscle and the patient reported no improvement after this treatment. Therefore, the request for the MRI of the left shoulder is certified.