MAXIMUS Federal Services

Case Number:	CM13-0064724		
Date Assigned:	06/09/2014	Date of Injury:	07/08/2011
Decision Date:	08/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 63-year-old male who reported an injury to the left shoulder, low back, and neck on 07/08/2011, of an unknown mechanism. He complained of right shoulder pain with difficulty doing activities of daily living and a sharp, loud, painful clunk during adduction. The physical evaluation dated 10/15/2013 showed the injured worker to have decreased range of motion in the cervical spine with flexion being limited to about 60% of normal, extension about 40% of normal, greater lateral flexion was 25% of normal, positive cervical compression, with the patient seated with the head and neutral position, producing lower facet pain. There was also moderate tenderness to the right shoulder elicits about the subdeltoid region, at the acromioclavicular joints and bicipital grooves. There was moderate pain, positive clunk's and crank's tests, as well as a positive drop arm test of the right shoulder. A nerve conduction velocity test and an electromyography was done on 09/23/2011 that showed lumbosacral plexopathy and possible radiculopathy to the bilateral lower and upper extremities, bilateral carpal tunnel syndrome and right ulnar neuropathy at the wrists, which was consistent with constriction at guyon's tunnel. An MRI of the right shoulder (09/08/2011) showed a partial thickness tear of the distal supraspinatus tendon, infraspinatus tendinosis, partially visualized fluid collection within the subcoracoid space most likely representing bursitis, acromioclavicular degenerative disc disease (DJD), which may cause positional dependent impingement on the supraspinatus, glenohumeral chondromalacia and osteoarthritis. An MRI arthrogram of the left shoulder (09/14/2011) showed 3 subchondral cyst formations off the posterior aspect of the humeral head, evidence of impingement with downsloping of the acromion process impinging the supraspinatus tendon and the rotator cuff. It was not determined if there was a full thickness tear of the rotator cuff due to the contrast that was injected from the arthrogram. An MRI of the cervical spine showed disc protrusions that abuts the thecal sac at C3 through C7 with bilateral

neural foraminal narrowing and facet and uncinate arthropathy. The injured worker had diagnoses of cervical sprain/strain, DJD, and radiculopathy, recurrent left shoulder impingement, rule out recurrent tear, right shoulder impingement tendinitis, rule out rotator cuff tear, rule out right shoulder posterior labral tear, and low back sprain/strain with radiculopathy. He was taking tramadol for pain and a sleep aid. His past treatments were conserve therapy. The treatment plan is for an MRI arthrogram of the left shoulder and an MRI of the right shoulder. The request for authorization form was not submitted for review. There is no rationale for the request for an MRI arthrogram of the left shoulder and an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. According to the physical examination, the injured worker complained of right shoulder pain. Examination was not documented for the left shoulder. Therefore, the request for an MRI arthrogram of the Left Shoulder is not medically necessary.

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

Decision rationale: The injured worker complained of right shoulder pain that was constant, awakened him at night and affected his activities of daily living. The California MTUS/ACOEM Guidelines state that the primary criteria for ordering imaging studies are emergence of a red flag, for example indications of intraabdominal or cardiac problems presented as shoulder problems, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is no documentation of failed conservative measures. Therefore, the request for an MRI of the Right Shoulder is not medically necessary.