MAXIMUS Federal Services

Case Number:	CM13-0067546		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2013
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for shoulder pain associated with an industrial injury sustained on January 8, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; a left shoulder arthroscopy, examination anesthesia, arthroscopic rotator cuff repair, Mumford procedure, and debridement performed on January 10, 2014; and unspecified amounts of physical therapy over the life of the claim. In a December 9, 2013 consultation, the applicant is described as having a bilateral rotator cuff tears. The applicant underwent a right shoulder surgery with a good result. He is still having severe left shoulder pain. The applicant is considering transferring care on the advice of his attorney. The applicant apparently had tenderness about the acromioclavicular joint with negative provocative testing. On September 5, 2013, it was stated the applicant should seek a left shoulder surgery. In a telephone encounter of November 26, 2013, it is stated the applicant's left shoulder was worse. A new left shoulder MRI was sought by the applicant's primary treating provider. It was stated that the applicant had not improved with NSAIDs, physical therapy, and/or being off of work. In an earlier note of November 5, 2013, the applicant states that he is frustrated that his shoulder surgery has not been approved. 9/10 left shoulder pain was noted. The applicant had apparently normal strength with markedly limited left shoulder abduction to 30 degrees. Norco and Relafen were endorsed while the applicant was asked to pursue a second opinion to make a stronger case for shoulder surgery. A rather proscriptive 5-pound lifting limitation was endorsed. A December 20, 2012 MRI of the shoulder is notable for the comments that the applicant has partial tears of the supraspinatus and subscapularis tendons bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LEFT UPPER EXTREMITY WITHOUT DYE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: While the MTUS Guidelines state that MRI is recommended for the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. The applicant had prior positive shoulder MRI imaging in December 2012. He ultimately underwent left shoulder arthroscopic rotator cuff repair surgery in January 2014. A repeat MRI was not indicated as it was ultimately not performed and ultimately did not appreciably alter the treatment plan. The applicant ultimately underwent left shoulder surgery. Further MRI for preoperative purposes was not indicated as it did not alter or influence the treatment plan. It is further noted that earlier left shoulder MRI imaging study was positive. The request for the repeat MRI was apparently made by the applicant's primary treating provider (PTP) as opposed to his shoulder surgeon. There was no evidence that a repeat MRI was being sought for preoperative planning purposes. The primary treating provider (PTP) seemingly sought the MRI study in question on the grounds that the claims administrator had denied the also-contested shoulder surgery. Again, however, the study in question was not indicated for all the stated reasons. Therefore, the request remains non-certified, on independent medical review.