

Case Number:	CM14-0005976		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2012
Decision Date:	08/05/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This is a 48-year-old male with a 10/15/12 date of injury after he felt his right shoulder pop when putting on his overalls. Prior to that, the patient injured his left shoulder on 5/10/10 while trying to shove a box along the floor and felt a pop in that shoulder. Plain films taken of the left shoulder in 2010 revealed no abnormalities. Of note, the patient had injured his left shoulder in high school playing football but claims to have recovered. The patient was seen on 09/12/13 where it was noted the patient complained of bilateral shoulder pain. The patient had an MRI of the right shoulder on 11/10/12, which revealed a rotator cuff tear. Exam findings were positive bilaterally for impingement signs, decreased range of motion (active forward flexion to 160 degrees bilaterally, extension and abduction to 40 degrees bilaterally), and tenderness over the anterior capsules. No strength deficits were noted in the right or left shoulder. An MRI of the left shoulder was recommended on this visit given the physical exam findings. The patient had a subacromial decompression and distal clavicle resection of the right shoulder on 12/5/13 and as of 12/23/14 was noted to be undergoing post operative physical therapy with significant functional gains and decrease in pain of the right shoulder. Exam findings revealed shoulder active forward flexion to 180 degrees and external rotation to 80 degrees. Tenderness was also noted in the right acromioclavicular joint. The patient was again seen on 2/4/14 where it was noted that the patient complained of bilateral shoulder pain, right greater than left. The patient was not able to lift his right shoulder overhead. Exam findings revealed no tenderness over the left AC joint, with some tenderness over the left bicipital groove. The patient appeared to have a degenerative proximal biceps tendon rupture with loss of fullness in the left biceps. Impingement signs (Neer and Hawkins) were negative in the left shoulder. The patient's right shoulder had full range of motion. A course of physical therapy was requested for the left shoulder, and the patient was noted to be using an H wave unit for the right shoulder as well as still be in physical

therapy for the right shoulder. There was no mention of an MRI for the left shoulder or additional imaging. Diagnosis: left degenerative proximal biceps tendon rupture. Treatment to date right shoulder: heat, ice, modified duty, medications, right shoulder injection x 2, physical therapy, Right shoulder arthroscopy with proximal biceps tenodesis, open rotator cuff repair, acromioplasty, distal clavicle excision on 12/5/13 with postoperative physical therapy x12, TENS, H wave Treatment to date left shoulder: physical therapy x 12 ordered 2/4/14A utilization review decision dated 12/26/13 denied the request for an MRI of the left shoulder given the patient had recent right shoulder surgery with notable improvements in his postoperative physical therapy and functional gains on his exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG (Shoulder Chapter, MRI).

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In the patient submitted IMR, the patient's date of injury is noted to be on 12/15/12 for which the patient felt a pop in his right shoulder. He has already had an MRI of the right shoulder in 2012 revealing a rotator cuff tear, and surgery on 12/5/13 to repair this and as of 12/24/13 was noted to be doing well with regard to the right shoulder. The request for a shoulder MRI was denied twice given the patient already had treatment related to the indicated date of injury to the right shoulder and a repeat MRI was not indicated. However, the request is for an MRI left shoulder, which was recommended in a QME from 9/12/13 given the patient had impingement signs and decreased range of motion of the left shoulder as well as the right shoulder, and had not yet had an MRI of the left shoulder. However, the IMR submission date of injury does not correlate to a left shoulder injury. In addition, on 2/4/14 the patient was noted to be complaining of bilateral shoulder pain right worse than left. Exam findings of the left shoulder revealed a likely left degenerative proximal biceps tendon rupture given lack of fullness of the biceps muscle. In addition, impingement signs were noted to be negative in the left shoulder at this time; active motion of the left shoulder was not examined. Physical therapy was ordered at this time for the left shoulder as there was no documentation that the left shoulder had received any conservative treatment by that time. Imaging of the left shoulder was not discussed in the progress note dated 2/4/14. Given this information, it is unclear what additional information an MRI of the left shoulder would provide. The patient has a clinical diagnosis of a degenerative proximal biceps tendon rupture with loss of fullness of the biceps. There are no plans for surgery indicated in the

progress notes, nor is surgery indicated in this type of diagnosis. Therefore, the request for an MRI of the left shoulder is not medically necessary.