MAXIMUS Federal Services

Case Number:	CM14-0017519		
Date Assigned:	04/14/2014	Date of Injury:	07/15/2009
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 29 year old female with a reported injury date on 07/15/2009; the mechanism of injury was not provided. Diagnoses include cervical disc syndrome, left shoulder impingement syndrome, and left shoulder rotator cuff rupture. The clinical note dated 01/06/2014 noted that the injured worker had complaints of 8-9/10 pain to the left shoulder. Objective findings included limited range of motion to the left shoulder measured at 140 degrees flexion and 150 degrees abduction (as compared to 130 degrees of flexion and 127 degrees of abduction on 12/09/2012). Additional findings include positive impingement test, Neer's test, Hawkins-Kennedy test, Codman drop arm test, and empty can supraspinatus test on the left. A previous of MRI of the left shoulder, dated 07/18/2012, revealed a type-2 acromion with the outer portion of the acromion impinging upon the supraspinatus tendon with tendinosis changes present, and a partial intrasubstance tear measuring 0.8cm seen at the area of insertion, and mild effusion seen in the glenohumeral joint. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TABLE 9-6 SUMMARY OF RECOMMENDATIONS, ACOEM CHAPTER 9-SHOULDER COMPLAINTS,

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

Decision rationale: The request for a repeat MRI arthrogram of the left shoudler is non-certified. It was noted that the injured worker had complaints of 8-9/10 pain to the left shoulder. Objective findings included limited range of motion to the left shoulder measured at 140 degrees flexion and 150 degrees abduction (as compared to 130 degrees of flexion and 127 degrees of abduction from previous exam). Additional findings include positive impingement test, Neer's test, Hawkins-Kennedy test, Codman drop arm test, and empty can supraspinatus test on the left. A previous of MRI of the left shoulder revealed a type 2 acromion with the outer portion of the acromion impinging upon the supraspinatus tendon with tendinosis changes present and a partial intrasubstance tear measuring 0.8cm is seen at the area of insertion and mild effusion seen in the glenohumeral joint. ACOEM guidelines state that imaging studies can be ordered if there is an emergence of a significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or need for clarification of the anatomy prior to an invasive procedure. The medical necessity for a repeat MRI has not been established. There is no documented significant change in the injured workers symptomatology to suggest that a repeat MRI would be necessary. Additionally, there is a lack of documentation that the injured worker had attempted a prior strengthening program. Therefore, this request is not medically necessary.