MAXIMUS Federal Services

Case Number:	CM14-0120050		
Date Assigned:	08/06/2014	Date of Injury:	09/30/1998
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation 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:

She complains of significant right shoulder pain. She has a history of arthroscopic rotator cuff repair in 2001, but supraspinatus tendon did not heal. Physical exam of her right shoulder shows a full ROM. She does, have a hitch as she goes above 90 degrees of flexion. She has pain and weakness with supraspinatus testing and with subscapularis testing. Her infraspinatus appears intact. She has a positive speed's test. Her deltoid in intact. MRI of right shoulder dated 11-08-13 has showed: She is status post right shoulder surgery with metallic artifact seen within the humeral head. Full thickness tear involving a portion of the posterior aspect of the distal supraspinatus tendon associated with mild muscle atrophy. The anterior portion of the supraspinatus tendon appears intact. Mild atrophy involving the infraspinatus muscle without evidence for an infraspinatus tendon tear. Full thickness tear involving the superior portion of the distal subscapularis tendon without tendon retraction of muscle atrophy. Medial dislocation of the long head of the biceps tendon in relation to the bicipital groove with a partial tear seen involving the extraarticular portion of the tendon. Mild degenerative hypertrophic changes of the acromioclavicular joint. Degenerative cystic changes seen within the proximal humerus, as described. Medications are: Hydracodon-Acetaminophn, Lorazepam, Tizanidine, Voltaren. She is allergic to: Zoloft, Paxil, Xenical, and Vicodin. Recommendations currently are for non-operative treatment. Other treatment options could include a reverse total shoulder arthroplasty versus an arthroscopic debridement with attempted rotator cuff repair. She is noted to have failed conservative management including physical therapy, as well as subacromial injections. MRI is the next step in evaluating her for possible surgery. UR determination decision for MRI, right shoulder: Denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Shoulder.

Decision rationale: Per CA MTUS guidelines, special studies are not indicated unless a four to six week period of conservative management failed to improve symptoms. Cases of shoulder pain due to rotator cuff pathology or DJD are managed the same, provided red flag symptoms are ruled out. Primary criteria for imaging studies of the shoulder are: Red flas, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. There is no documentation of any red flag signs. There is no record of physcial therapy progress notes, demonstrating failure of 4-6 weeks of treatment. Furthermore, the injured worker had MRI on 11/8/13, which was unequivocally diagnostic. As per ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no indication of worsening or progression of findings that would warrant a repeat study. Thus the medical necessity of the request for repeat MRI of the right shoulder has not been established; not medically necessary and appropriate.