

Case Number:	CM14-0126277		
Date Assigned:	08/13/2014	Date of Injury:	01/24/2011
Decision Date:	09/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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:

The claimant injured her left shoulder on 01/24/11 and a magnetic resonance imaging (MRI) of the left shoulder without contrast is under review. She reportedly injured her neck, also. She was diagnosed with left rotator cuff tendinitis and a cervical strain. She had an MRI in December 2012 that showed minimal rotator cuff tendinopathy and mild acromioclavicular joint osteoarthritis. She is status post left shoulder manipulation under anesthesia (MUA), arthroscopic glenohumeral synovectomy and debridement, subacromial decompression with bursectomy and anterior acromionectomy and excision of the lateral clavicle on 01/16/14. She attended 21 of 24 physical therapy visits and had medication. She also had a series of six myofascial sessions, which gave her some relief. On 7/29/14, she complained of left shoulder myofascial pain and upper extremity paresthesias to the fourth digit and thumb. Her acromioclavicular (AC) joint was down-sloping and left shoulder range of motion showed forward flexion of 145, abduction 135, ER 90 unguarded and IR to L4-5. She was diagnosed with impingement. Aerobic exercise was recommended. She had 6 sessions of massage or myofascial trigger release. She was able to participate more in physical therapy. She attended 16 visits of physical therapy as of 06/24/14 but missed nine visits for various reasons. At that time, she stated that myofascial therapy was making her worse over the previous few weeks. Additional physical therapy was recommended by the physical therapist. The specific indication for a repeat MRI is not stated in the file.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The history and documentation do not objectively support the request for a repeat MRI of the left shoulder at this time. The MTUS state "routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular (AC) joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings." The Official Disability Guidelines (ODG) state "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. The claimant attended physical therapy but missed many visits so her compliance with conservative treatment is questionable and has not been explained. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent repeat surgery is under consideration. Therefore, the medical necessity of this request has not been clearly demonstrated.