

Case Number:	CM14-0157392		
Date Assigned:	09/30/2014	Date of Injury:	03/30/2009
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 69 year-old male who was injured through cumulative trauma on 3/30/09. The patient complained of lower back and bilateral shoulder pain. On exam, he had cervical, thoracic, and lumbar paraspinal tenderness, tender left and right shoulder with decreased range of motion of left shoulder. . He was diagnosed with left shoulder sprain, torn right supraspinatus, multiple disc bulges, multilevel discogenic symptoms. The patient has had shoulder MRIs showing a supraspinatus tear on right, cervical and lumbar MRI, electrodiagnostic testing of the upper and lower extremities without documentation of results. He had right rotator cuff repair in 5/28/11. The patient had a left shoulder MR arthrogram on 7/8/14 showing a partial tear of the supraspinatus and infraspinatus and acromioclavicular joint osteoarthritis. His treatment included physical therapy and chiropractic treatment for the lower back, right shoulder injection and surgery, lumbar epidural steroid injection, and bilateral shoulder extracorporeal shock wave therapy. His medications have included Hydrocodone, and he was prescribed Cyclobenzaprine, Omeprazole, Naproxen, and Topical Agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Arthrogram for the Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MR arthrogram

Decision rationale: The request for a repeat MRI arthrogram of the left shoulder is not medically necessary. The patient just had an MRI arthrogram in 7/2014 showing a partial tear of the left supraspinatus and infraspinatus. Repeat MRI is not routinely recommended and should be done if there is a "significant change in symptoms and/or findings suggestive of significant pathology." This limited chart does not provide any documentation of worsening pain or physical exam changes that would suggest significant pathology. Therefore, another MRI is not medically necessary.