MAXIMUS Federal Services

Case Number:	CM14-0168983		
Date Assigned:	10/17/2014	Date of Injury:	07/30/2012
Decision Date:	12/02/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 54 year old female with a date of injury on 7/30/2012. She was employed as a home health licensed vocational nurse (LVN). The injury occurred when she exited her car and fell down a hillside. Injuries were reported to the left shoulder, cervical spine, right elbow, and left chest wall. Past medical history was positive for breast cancer, status post double mastectomy, hypertension, and hypercholesterolemia. She was diagnosed with a rotator cuff tear and underwent left shoulder surgery on 2/4/14. She experienced a sudden increase in left shoulder pain 6 to 8 weeks following surgery and never progressed well in physical therapy. She completed 24 post-operative physical therapy visits as of 4/28/14. Twelve additional visits were completed as of 7/21/14. The 9/8/14 treating physician report cited left anterior shoulder pain radiating to the upper arm, and left cervicobrachial pain. Pain was worse with at or above shoulder motions, lifting more than 5 pounds, and performing repetitive left arm motions. A physical exam documented range of motion as flexion 160, abduction 120, external rotation 70, internal rotation 50, extension 50, and adduction 20 degrees. Upper extremity deep tendon reflexes were symmetrical and 2+. There was left upper extremity guarding but physical exam seemed normal relative to arm, forearm, wrist, and finger motion. Cervical spasms and guarding were noted extending to the left cervicobrachial region. The diagnosis included left shoulder internal derangement status post arthroscopic shoulder surgery. A left shoulder magnetic resonance imaging (MRI) was requested to determine further treatment. The 10/3/14 utilization review denied a request for left shoulder magnetic resonance imaging (MRI) as there was insufficient information provided to establish the medical necessity of imaging relative to a change in condition since the reported repeat imaging in March 2014. The 10/8/14 treating physician appeal letter stated that the injured worker had intractable left shoulder pain and difficulty with work duties and activities of daily living. She underwent surgery on 2/4/14 and

never progressed in physical therapy. Injections to the left shoulder did not provide much benefit. The treating physician stated that magnetic resonance imaging (MRI) was not performed in March 2014. He noted prior recommendations and requests for left shoulder magnetic resonance imaging (MRI) but imaging had not been done. He requested a repeat magnetic resonance imaging (MRI) to rule-out recurrent rotator cuff tear and establish an appropriate treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: MRI of left shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Magnetic resonance Imaging (MRI)

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for post-surgical imaging. The Official Disability Guidelines do not routinely recommend repeat magnetic resonance imaging (MRI), and state it should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Guideline criteria have been met. There is documentation that the injured worker experienced a significant flare-up in the post-operative period that has persisted despite extensive conservative treatment. Functional difficulty has been documented precluding return to full duty work. The treating physician has opined the necessity of imaging to evaluate for recurrent rotator cuff tear. There is no evidence of imaging in the post-operative period. Therefore, this request is medically necessary. There is no evidence of imaging in the post-operative period. Guideline criteria have been met relative to persistent pain and functional loss despite extensive conservative treatment.