

Case Number:	CM14-0184331		
Date Assigned:	11/12/2014	Date of Injury:	08/27/2012
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 (IW) is a 66-year-old woman with a date of injury of August 27, 2012. The mechanism of injury occurred while trying to catch a falling deli chicken. MRI of the left shoulder without contrast dated August 10, 2013 revealed: 1. a full-thickness tear of the distal supraspinatus tendon and high-grade partial-thickness tear of the infraspinatus tendon and a tear of the superior fibers of the subscapularis tendon as described above. 2. There is medial subluxation of the long head of biceps tendon in the superior most portions. Pursuant to a progress note dated September 25, 2014, the IW is status post rotator cuff repair and manipulation under anesthesia on September 17, 2013. The IW underwent arthroscopic adhesive capsulitis release on June 16, 2014. The IW still complains of pain despite being off work. Objective physical findings include acromioclavicular (AC) tenderness, flexion 130-140 degrees, extension 15, and abduction 140-150 degrees. The IW also had significant synovitis within the glenohumeral joint, as well as a healed rotator cuff repair. A steroid injection was administered on September 25, 2014. The IW was diagnosed with status post left shoulder rotator cuff repair, and left shoulder adhesive capsulitis. Current medications were not documented. The treatment plan recommendations included: Continue to work on strengthening, work on full range of motion - push external rotation, ice and anti-inflammatories. The provider is requesting an MRI of the left shoulder.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition, 2014, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI evaluation of the left shoulder is not medically necessary. The ACOEM states for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled that. Primary criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction; weakness from a massive rotator cuff tear; presence of edema, cyanosis or Raynaud's phenomenon; failure to progress in a strengthening program intended to avoid surgery; clarification of anatomy prior to invasive procedure. The ODG shoulder chapter states repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The guidelines recommended imaging study of the shoulder with documented physical examination evidence of ligamentous instability, internal derangement, impingement syndrome, a rotator cuff tear after failed therapy trials. In this case, the injured worker is a 66-year-old woman underwent rotator cuff repair and manipulation under anesthesia June 16, 2014. There was adhesive capsulitis. Recent examination showed acromioclavicular tenderness, flexion 130 degrees, extension 15 and abduction 140-150 degrees. The injured worker complains of persistent left shoulder pain. A steroid injection was administered. There was no evidence on physical examination of ligamentous instability, internal derangement, impingement syndrome. The rotator cuff tear was treated previously with surgery. Consequently, there were no significant changes in symptoms and/or objective findings suggestive of significant pathology and consequently, repeat MRI of the left shoulder is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, repeat MRI evaluation left shoulder is not medically necessary.