MAXIMUS Federal Services

Case Number:	CM14-0184498		
Date Assigned:	11/12/2014	Date of Injury:	11/26/2012
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:

This is a case of a 61 year old male with a date of injury of 11/26/2012. In a primary treating physicians progress report by [redacted] dated 10/1/2014, the patient was in for evaluation of his low back pain. He apparently slipped and fell while washing cars for [redacted] and hit his back, neck, shoulders, and thoracic spine. He was initially diagnosed with right shoulder impingement along with neck and back sprains. He received acupuncture and physical therapy, none of which helped. He continued to have bilateral shoulder pain, neck pain, and low back pain. He had an MRI of the cervical and lumbar spine which showed bulging disks at L4-L5 and L3-L4 and well as disk compression at C4-C5 and C5-C6 with foraminal impingement, left worse than right. It was recommended that the patient continue on both gabapentin and cyclobenzaprine as well as naprosyn and omeprazole. On review of systems, the patient reports severe stiffness and pain in both shoulders as well as pain in his neck that goes into the top of his shoulders. He also reports pain in his low back that goes into both legs bilaterally. The patient states that he has tingling into his fingers and tingling into both legs that he relates to his low back injury. On physical examination, he appears comfortable. Upon neck examination, he has spasm bilaterally of his trapezius. Flexion of his neck is 20 degrees, extension is 15 degrees, left and right rotations are 15 degrees, tilt is 15 degrees to the right and 30 degrees to the left, all with pain in his neck going down into his shoulders. The patient states he has tingling in his fingers. He has trapezius muscle spasms bilaterally. On extremity examination he can abduct both shoulder to 75 degrees bilaterally. He cannot go above his shoulders. He can flex his shoulders to 135 degrees bilaterally. He can extend both shoulders to 20 degrees. He can adduct his right shoulder to 30 degrees with his left only 15 degrees. He can externally rotate both left and right to 60 degrees. Internal rotation is normal. He has positive Hawkins maneuver. He also has evidence of impingement at both shoulders. There is evidence

of rotator cuff tear with weakness of his supraspinatus and infraspinatus muscles. There is no evidence of a SLAP tear at this time. At that time he was diagnosed with bilateral shoulder impingement with question of rotator cuff tears or internal derangement, lumbar and cervical diskogenic disease. It was then recommended that the patient undergo MR arthrogram of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the bilateral shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203.

Decision rationale: Based on Occupational Medicine Practice Guidelines for a probable diagnosis of either a rotator cuff tear or a labral tear or possibly adhesive capsulitis, then an MRI of the shoulder is recommended. In cases of nonspecific shoulder pain, shoulder impingement or bursitis, no imaging is indicated. If in suspected rotator cuff tears Arthrography is also recommended if MRI is not available and is recommended to be done only preoperatively. MR arthrography is found to be more sensitive and specific than MRI for diagnosing both full-thickness and partial-thickness tears. In this case, the patient does have a possible diagnosis of bilateral rotator cuff tears as well as bilateral shoulder impingement. There is both subjective and objective evidence of possible rotator cuff tear or shoulder derangement. Therefore, based on the Occupational Medicine Practice Guidelines and the evidence in this case, the request for MR Arthrogram of the bilateral shoulders is medically necessary.