

Case Number:	CM14-0021894		
Date Assigned:	05/09/2014	Date of Injury:	11/03/2010
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient is a 54 year old female who was injured on 11/03/2010. She slipped and fell when she stepped on one of the mats. She fell backwards and fell onto her back, hitting her head against the ground. X-rays of the left shoulder taken on 08/08/2013 revealed mild to moderate AC DJD. MRI of the left shoulder dated 01/15/2014 demonstrates; 1) Moderate rotator cuff tendinosis with partial under and superior surface tear at the supraspinatus tendon with possible full thickness perforation with downsloping acromion and acromioclavicular joint degenerative change and signal abnormality in acromion without near edema. 2) Joint effusion is present with subacromial/subdeltoid effusion without evidence for acute labral or biceps tendon abnormality. Orthopedic consultation dated 08/08/2013 states the patient underwent a cervical spine surgical intervention on 04/25/2013. She states since the surgery, she had significant left shoulder pain and extremely limited range of motion. She rated her left shoulder pain as 6-7/10 and she states she has very limited range of motion and has difficulties with activities of daily living such as cooking, cleaning, bathing, and working. She denies any therapy or injections to her left shoulder. She is currently taking Zanaflex, Tramadol, and Prilosec. She stated the medications help to decrease her pain and increase function. Left shoulder range of motion is decreased in abduction, external rotation, internal rotation, adduction and extension. She has positive pain in the AC joint with cross-arm testing. She has positive pain in the AC joint with direct palpation. Negative Speed's test, negative drop-arm test; positive subacromial bursitis, positive impingement and negative apprehension test. The patient is diagnosed with left shoulder adhesive capsulitis, left shoulder bursitis/impingement and left shoulder symptomatic AC DJD. The treatment and plan include a MRI of the left shoulder to evaluate the patient's painful mechanical motion from a diagnostic standpoint. Prior UR dated 02/17/2014 states the request for retrospective MRI of the left shoulder dos: 8/19/13 is non-certified as there is no documented failed therapies or treatments prior this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MRI OF THE LEFT SHOULDER DOS: 8/19/13: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: According to ACOEM Guidelines, shoulder MRI may be indicated after 4 weeks of limitations of activity and unexplained physical exam findings in order to clarify the diagnosis or to evaluate physiologic evidence of tissue insult. According to ODG Guidelines, MRI is the most useful technique for evaluating suspected subacromial impingement or rotator cuff tears. The patient is a 54 year old female with chronic Left shoulder pain noted to have decreased range of motion and positive provocative tests for impingement and AC joint arthritis on an 8/8/13 orthopedic evaluation. She was diagnosed with Left shoulder adhesive capsulitis, impingement, bursitis, and AC joint DJD. MRI was requested for further evaluation. This is an appropriate request based the chronicity of the patient's complaints and examination findings. The request for Retrospective MRI Of The Left Shoulder, Dos: 8/19/13, is Medically Necessary and Appropriate.