

Case Number:	CM14-0025678		
Date Assigned:	06/13/2014	Date of Injury:	09/23/2005
Decision Date:	12/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation 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 59 year old male with date of injury 09/23/05. The treating physician report dated 01/17/14 indicates that the patient presents with pain affecting left shoulder, elbow, hand and wrist. Prior treatment history includes left shoulder arthroscopic surgery and biceps repair in February 2006 and a second arthroscopic surgery to his left shoulder in July 2008. MRI findings dated 05/04/12 reveal in the right shoulder full thickness tear of the anterior fibers of the supraspinatus tendon with an 8.7mm of medial retraction and partial-thickness tear of the mid through posterior fibers. There is a glenohumeral joint effusion and fluid within the subacromial/subdeltoid space. There is acromioclavicular osteoarthritis and downward sloping of the acromion which may cause positional dependent impingement on the supraspinatus. CT scan findings dated 01/09/14 reveals the left upper extremity without contrasted that there are post-surgical changes in the left shoulder with multiple anchors in the left humeral head, neck, and tuberosity anteriorly. Degenerative arthritis of the left acromioclavicular and glenohumeral joint. No evidence of fracture or dislocation. The current diagnoses are bilateral rotator cuff tear. The utilization review report dated 02/17/14 denied the request for MR arthrogram of left shoulder and an open MRI of right shoulder based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The current request is for an open MRI of the right shoulder. The Official Disability Guidelines recommend an MRI as long as the following criteria is met, "Acute shoulder trauma, suspect rotator cuff tear/impingement; over age of 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case there is documentation of prior MRI, back in 2012. In looking at the prior examinations performed the limited shoulder ranges of motion has no baseline documentation to compare. There is no history of any new trauma reported, only that the patient is dealing with increased pain. The guidelines state that MRI is warranted for significant change and there are no red flags reported that would indicate that right shoulder MRI is required at this time to assess arthropathy, as the provider has indicated. Therefore, this request is not medically necessary.

MR Arthrogram of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The patient presents with bilateral shoulder pain. The current request is for an MR arthrogram of left shoulder. The Official Disability Guidelines recommended as an option to detect labral tears, and for suspected re-tear post-operative rotator cuff repair. In this case the patient had two previous left shoulder surgeries back in 2006 and 2008. The treating physician has diagnosed the patient with Bilateral Rotator Cuff Tear. Therefore, this request is medically necessary.