

Case Number:	CM14-0040867		
Date Assigned:	06/27/2014	Date of Injury:	06/23/2012
Decision Date:	09/10/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male with a reported date of injury on 06/23/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses include right rotator cuff syndrome with labral tear, right shoulder, status post rotator cuff repair and labral debridement, and impingement of the left shoulder, and acromioclavicular joint arthrosis. The surgical history includes status post rotator cuff repair and labral debridement of the right shoulder. Previous conservative care includes physical therapy and activity modification. The injured worker presented with continued and ongoing pain in the shoulder, with persistent impingement with positive collapsing weakness and pain with resisted abduction and flexion with a positive cross body adduction test. The MRI of unknown date revealed high grade partial thickness tearing of the supraspinatus and infraspinatus tendons, and also the subscapularis with fraying of the insertion of the biceps tendon and the intra-articular biceps. The treatment plan included recommendation for an arthroscopic evaluation of the shoulder and rotator cuff repair, a debridement of his biceps anchor and biceps tendons, with a possible tendinosis and distal clavicle resection with subacromial decompression. The injured worker's medication regimen was not provided with the documentation available for review. The clinical note dated 03/12/2014 indicated the physician was recommending MRI of the left shoulder to determine the pathological cause for the injured worker's ongoing symptoms. The request for authorization for Magnetic Resonance Imaging (MRI) of the left shoulder was submitted on 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder (Acute & Chronic).

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 Official Disability Guidelines state that indications for imaging would include acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. As well as subacute shoulder pain or suspected 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. The clinical information provided for review indicates the injured worker had an MRI of the left shoulder of unknown date which was noted to reveal high grade partial thickness tearing of the supraspinatus and infraspinatus tendons and also the subscapularis with fraying of the insertion of the biceps tendon and intra-articular biceps. There is a lack of documentation as to the rationale for the request of an additional MRI. The clinical note dated 06/02/2014 indicates the radiograph picture is consistent with the injured worker's MRI. Therefore, the request for Magnetic Resonance Imaging (MRI) of the left shoulder is not medically necessary.