

Case Number:	CM14-0041260		
Date Assigned:	06/30/2014	Date of Injury:	05/27/2013
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 Illinois. 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 61-year-old female with a reported date of injury on 05/27/2013. The mechanism of injury was reportedly caused by a fall. Her diagnoses included arrhythmia, osteopenia, stress incontinence, and left shoulder rotator cuff tear. Previous care includes physical therapy, a home exercise program. The injured worker has a history of left shoulder arthroscopy with subacromial decompression, debridement of glenohumeral joint and subpectoral open bicep tendinosis. The injured worker presents with increased pain; the physician indicates it is limiting her ability to participate in the strengthening phase of physical therapy. Upon physical examination, the injured worker's left shoulder presented with positive O'Brien's, negative Speeds, negative apprehension test. Previous diagnostic testing included left shoulder x-ray, and left shoulder MRI. The clinical note dated 02/13/2014 indicated that injured worker was doing well in physical therapy until she started the strengthening, with markedly increased level of pain at the lateral aspect of her shoulder. The shoulder range of motion was presented as full with the exception of internal rotation. The injured worker's medication regimen included Celebrex. The physician indicated that the injured worker's symptoms were inflammatory mediated. The physician further indicated that the rotator cuff was intact, nearly pristine with the exception of inflammation. The treatment plan included the injured worker was referred for left shoulder subacromial injections. The rationale for the request for an MRI of the left shoulder was not provided within the documentation available for review. The Request for Authorization for the MRI of the left shoulder was submitted on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

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 rationale: The California MTUS/ACOEM guidelines state that partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Stress radiographs simply confirm the clinical diagnosis. For injured workers with limitations of activity after 4 weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Criteria for ordering imaging studies include emergence of a red flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in strengthening program intended to avoid surgery, and the clarification of the anatomy prior to an invasive procedure. The clinical information provided for review lacks documentation related to injured worker's functional deficits, to include range of motion values in degrees and the use of a VAS pain scale. In addition, the clinical documentation indicates the injured worker has full range of motion. The clinical note dated, 02/13/2014, the physician indicated the symptoms were inflammatory mediated. Clearly, her rotator cuff was intact and nearly pristine with the exception of inflammation. The rationale for the request was not provided. Therefore, the request for MRI of the left shoulder is non-certified.