

Case Number:	CM14-0047719		
Date Assigned:	07/02/2014	Date of Injury:	02/04/2013
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/16/2014

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 Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 02/04/2013. The mechanism of injury was not provided. On 06/03/2014, the injured worker presented with pain and weakness to the left shoulder. Upon examination of the left shoulder, there was tenderness along the anterior and lateral aspects of the acromion and AC joint. There was a positive impingement sign with internal rotation and the range of motion values were full passively, but notably weak. There was also a positive lift off test. An MRI of the left shoulder revealed full thickness and complete tear of the supraspinatus and infraspinatus with narrowing of subacromial space, superior migration, biceps tear, superior labral tear, and effusion with synovitis. The diagnoses were irreparable left shoulder rotator cuff tear with early rotator cuff arthropathy and surrounding tendon tears. No previous treatments have been noted. The provider recommended an MRI for the left shoulder. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Corpus Christi TX and www.odgtwc.com: Section Shoulder 9 (Acute and Chronic).

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

Decision rationale: The California MTUS/ACOEM Guidelines state routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitations due to shoulder symptoms, except when a red flag is noted or a history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in and around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repair acutely to restore function. In older workers these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging findings. Injured workers with limitations of activity after 4 weeks with unexplained physical findings, such as effusion or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging studies can be correlated with physical findings. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The injured worker has no evidence of a failure of conservative treatment to include physical therapy and medication, and there was no failure to progress in a strengthening program intended to avoid surgery. Included medical documents lack evidence of quantifiable physical deficits related to the shoulder. The provider's rationale was not provided. As such, the request is not medically necessary.