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| Case Number: | CM14-0049941 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/28/2013 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 injured worker is a 52-year-old male with a reported date of injury on 10/28/2013. The mechanism of injury was reported as repetitive use related to lifting molds. The injured worker presented with chronic left shoulder pain. Upon physical examination, the injured worker's left upper extremity and shoulder revealed tenderness at subacromial space, decreased abduction, flexion, internal rotation, and external rotation. The MRI of the left shoulder dated 11/21/2013 revealed partial tear of the superior subscapularis musculotendinous junction, acromioclavicular degenerative joint hypertrophy, biceps tendon tenosynovitis, subscapularis bursitis, minimal subdeltoid bursitis, and post-traumatic change of the distal clavicle with 7 mm cyst. Within the clinical note dated 12/29/2013, the physician indicated that the injured worker was getting some improvement with pain, strength, and range of motion with the utilization of physical therapy. The injured worker's diagnoses included sprain of the shoulder/arm, rotator cuff syndrome, osteoarthritis, and sprain supraspinatus. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for an MRI of the left shoulder, quantity 1, was submitted on 04/13/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Magnetic Resonance Imaging (MRI).

Decision rationale: The California MTUS ACOEM Guidelines indicate that primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In addition, the ODG state that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The progress note dated 11/11/2013 indicated the injured worker had decreased range of motion in the left shoulder with functional deficits. The MRI dated 11/21/2013 revealed partial tear of the superior subscapularis musculotendinous junction with surrounding effusion in the anterior glenohumeral joint, acromioclavicular degenerative joint hypertrophy, biceps tendon tenosynovitis, subscapular tenosynovitis, subscapular bursitis, minimal subdeltoid bursitis, and post-traumatic changes of the distal clavicle with 7 mm cyst. Within the clinical note dated 12/29/2013, the physician indicated that the injured worker was getting some improvement with pain, strength, and range of motion with the utilization of physical therapy. The clinical note dated 03/03/2014 indicated that the injured worker continued to present with left shoulder pain continuing off and on. There is a lack of documentation related to increased neurological deficits or red flags. In addition, the guidelines do not recommend repeat MRIs without emergence of red flags or increased neurological deficit. Therefore, the request for MRI of the lumbar spine is not medically necessary.