

Case Number:	CM14-0059566		
Date Assigned:	07/09/2014	Date of Injury:	11/30/2000
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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 52-year-old male who reported an injury on 11/30/2000 due to cumulative injuries. His job duties entailed assembling steel office furniture, lifting and carrying furniture weighing up to 100 pounds. Diagnoses were cervical spine musculoligamentous injury with cervical radiculopathy on the right; 3 level cervical fusion with pseudoarthrosis and nonunion with revision to the 3 level fusion with yet another posterior revision; residual left upper extremity radiculopathy; left shoulder internal derangement; rule out rotator cuff tear; possible biceps tendonitis or partial tear; status post left shoulder surgery; chronic pain syndrome, possible metallic pain syndrome from implants; and sleep disorder. Past treatments were cortisone injection to the left shoulder and acupuncture. Diagnostic studies were x-ray, CT scan of the cervical spine, MRI of the cervical spine, EMG/NCV, and MRI of the left shoulder. The MRI was done on 04/01/2014 with an impression of supraspinatus bursal surface partial tendon tear; infraspinatus articular surface partial tendon tear; subscapularis tendinosis; superior glenoid labral tear, SLAP type configuration; posterior glenoid labral tear; AC joint and glenohumeral joint osteoarthritis; glenohumeral joint effusion; prominent subcortical cyst in the superior posterior humeral head. Surgical history was anterior C4-7 fusion in 2009, posterior C6-7 fusion in 2011, revision of the C6-7 in 2012, and rotator cuff repair in 2001. It was reported that the injured worker had a surgery of left biceps tenodesis in 2002. On physical examination on 03/06/2014, there were no subjective complaints. Examination of the upper extremities revealed healed surgical scars on the left shoulder. There was extreme tenderness over the AC joint and anterior glenohumeral joint, and also along the course of the supraspinatus muscle and tendon at the insertion of the greater tuberosity. There was a strong positive Neer's test and a strong positive Hawkins sign. Range of motion was 115 degrees or forward flexion, 120 degrees of abduction, external rotation of 50 degrees, internal rotation of 80 degrees. The right upper

extremity had a forward flexion of 160 degrees, abduction of 160 degrees, external rotation of 75 degrees, internal rotation of 80 degrees, and extension of 40 degrees. There was grip strength lost on the left as compared to the right. Treatment plan was to get a copy of the EMG/NCV, x-rays of the left shoulder, and an MRI update on the left shoulder. The rationale and Request for Authorization were not submitted 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, Chapter: Shoulder, Magnetic resonance imaging (MRI).

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

Decision rationale: The request for MRI left shoulder is not medically necessary. The California ACOEM states routine testing (laboratory tests, plain film radiographs of the shoulder, and more specialized imaging studies) are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on 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 or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired 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 (MRI) findings. Should instability can be treated with stabilization exercises. Stress radiographs simply confirm the clinical diagnosis. For patients 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. Imaging findings can be correlated with physical findings. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more and surgery is being considered. Also, if there is a possibility of a serious pathology such as a tumor. There were no red flags during the physical examination on 03/06/2014. The request for MRI of the left shoulder does not meet the recommendations set forth by the medical guidelines. Therefore, the request is not medically necessary.