

Case Number:	CM14-0062282		
Date Assigned:	07/11/2014	Date of Injury:	03/06/2012
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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; has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice Massachusetts. 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 claimant sustained a work injury on 03/06/12 when he was driving a [REDACTED] tractor which rolled off an embankment approximately 200 feet. Injuries included a left shoulder dislocation, right Grade III acromioclavicular joint separation, L1 and L2 nondisplaced transverse process fractures and facial lacerations. He was hospitalized acutely for 5-6 days and then received care at an SNF level until 03/31/12. In April 2012 he was having bilateral shoulder pain with decreased range of motion. An MRI of the left shoulder showed findings of a complete rotator cuff tear and acromioclavicular joint degeneration. He underwent a left shoulder manipulation under anesthesia on 01/22/13 and left rotator cuff repair on 09/05/13 with revision surgery on 09/26/13. He was seen by the requesting provider on 03/24/14. He was also being treated for bilateral carpal tunnel syndrome and had undergone injections and was continuing to wear bilateral wrist splints at night. He was having ongoing headaches, neck pain, bilateral shoulder pain, and bilateral arm pain. Pain was rated at 5/10. He had participated in three sessions of physical therapy. Medications were Cymbalta, gabapentin, Oxybutynin ER, lansoprazole, and Naprosyn. Physical examination findings included decreased shoulder range of motion with diffuse acromioclavicular joint tenderness and bilateral shoulder weakness. The assessment references a possible fourth surgery and the claimant had been referred for an evaluation for this and that the physician being consulted had requested an MRI of the right shoulder prior to the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 129 Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is status post work-related injury as described above with injuries to both shoulders. He has undergone three surgical procedure for the left shoulder. In terms of his right shoulder, he sustained a Grade III acromioclavicular joint separation. Indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, the claimant has a history of right shoulder injury with x-rays showing a Grade III acromioclavicular joint separation. There is no new injury to the right shoulder. There are no physical examination findings of either right shoulder instability or a labral tear. Additionally, consultants have the same obligations as physicians in other contexts in evaluating the claimant's condition which would include a clinical assessment prior to considering the need for imaging studies. Therefore the requested MRI of the right shoulder at the request of the physician being consulted is not medically necessary.