

Case Number:	CM14-0086477		
Date Assigned:	07/23/2014	Date of Injury:	09/29/2013
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 65-year-old female who reported injury on 09/29/2013. The mechanism of injury was not provided. The diagnoses included rotator cuff syndrome NOS (not otherwise specified). The surgical history included a right shoulder surgery. The injured worker had an MRI of the right shoulder which revealed a partial tear versus a complete tear in the anterior supraspinatus. The other therapies included physical therapy and a cortisone injection. The medications were noted to include Norco and Ativan 0.5 mg tablets. There was noted to be a request for an MRI of the bilateral shoulders on 11/19/2013. The documentation of 03/18/2014 revealed the injured worker had bilateral shoulder pain right greater than left. The documentation indicated the injured worker filed an injury report on 09/29/2013 which revealed a pulling sensation in the right arm followed by pain. The injured worker was noted to have a cortisone injection and the injured worker subsequently developed pain and noted a popping in the left shoulder and had not undergone treatment for the left shoulder. The physical examination revealed in the right shoulder the injured worker had decreased range of motion that was moderately painful and there was moderate crepitus present. There was moderate anterior pain and moderate lateral pain. There was mild pain in the bicipital groove. There was no bicep deformity. There was pain over the AC (acromioclavicular) joint. There was a negative relocation sign, apprehension sign and O'Brien's sign. The injured worker had 3/5 strength in the supraspinatus and infraspinatus strength of 2/5. There was a positive impingement sign with moderate atrophy in the supraspinatus fossa. There was decreased range of motion of the left shoulder upon examination. The strength of the rotator cuff revealed 4/5 strength for the supraspinatus and 3/5 strength for the infraspinatus. There was a positive impingement sign. There was no atrophy in the supraspinatus. The injured worker underwent radiographs on the date of request. The 4 views of the right shoulder revealed a type II B acromion with moderate

to severe degenerative joint disease of the joint with tuberosity osteophytes consistent with a long-standing cuff tear. The injured worker underwent a left shoulder radiograph on the date of request which revealed a type II B acromion with some greater tuberosity sclerosis. The injured worker was noted to be utilizing Xanax and her urine drug screen was consistent. The surgical history was noted to be none. The treatment plan included bilateral MRIs of the shoulders. The diagnoses included probable cuff arthropathy with failed surgery right and probable rotator cuff tear left. The documentation indicated the physician opined on the right the injured worker would probably require a reverse total shoulder replacement and a rotator cuff repair. There was no Request for Authorization submitted 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 BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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 Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Additionally, they indicate the primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, a failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had not received conservative care for the left shoulder. There was a request for bilateral MRIs in late 2013 and there was a lack of documentation indicating whether there had been approval or performance of an MRI of the left shoulder at that time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request for the left shoulder MRI would not be supported. The American College of Occupational and Environmental Medicine does not address repeat MRIs. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a repeat MRI is reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone surgical intervention and had an MRI previously. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of a significant pathology. Given the above, the request for MRI of the bilateral shoulders is not medically necessary.