

Case Number:	CM14-0088105		
Date Assigned:	07/23/2014	Date of Injury:	07/30/2008
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 Occupational Medicine, 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 56-year-old male who has submitted a claim for complete tear and retraction of the left supraspinatus and infraspinatus tendon, left shoulder; partial tear of the subscapularis tendon, left shoulder; status post left rotator cuff repair; status post right rotator cuff repair; subacromial and subdeltoid bursitis; and right rotator cuff tendinosis associated with an industrial injury date of July 30, 2008. Medical records from 2014 were reviewed. He complained of left and right shoulder pain. The patient is status post bilateral rotator cuff repair. He still has intermittent discomfort in both shoulders with activity, especially overhead. The pain was mild and does not feel weakness. Physical examination showed left sided atrophy of the infraspinatus muscle. Range of motion of the left shoulder was limited. Motor strength was 4/5 on external range of motion. Hawkins, empty can, and Neer's test were positive. Right shoulder examination showed limited range of motion as well. There was positive impingement sign. Motor strength was 4/5 on external range of motion. MR arthrogram of the left shoulder, dated June 20, 2013, revealed full-thickness supraspinatus and infraspinatus rotator cuff tear with retraction, partial tear of the subscapularis tendon, mild chondromalacia of the glenohumeral joint, and fatty atrophy is difficult to assess. X-ray of the right shoulder, done on May 7, 2014, showed mild glenohumeral joint and moderate acromioclavicular joint arthritic changes noted with joint space narrowing and osteophyte formation, subchondral sclerosis along the greater tubercle, and mild subchondral cystic changes within the humeral head. Official report of the imaging studies was not available. Treatment to date has included Naprosyn, and right and left rotator cuff repair. Utilization review, dated May 23, 2014, modified the request for MRI bilateral shoulders to MRI right shoulder because there was no report of a significant change in his condition since the postoperative left shoulder MRI less than a year ago and there was no report that the study is technically inadequate.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institution-line Official Disability Guidelines (ODG), Treatment in Workers Compensation (ODG-TWC), Integrated Treatment/ Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: Per the ACOEM practice guidelines, imaging includes emergence of a red flag; physiologic evidence of tissue insult or neurologic 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 states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, patient complained of persistent bilateral shoulder pain despite surgery and intake of medications. Progress report dated July 2, 2014 states that the quality of the MRI of the left shoulder back in 2013 was of extremely poor quality and it is difficult to assess and map out his left shoulder to determine whether any salvage procedures can be performed, as he has complete tears of his rotator cuff tendons. Repeat MRI of the left shoulder may be necessary. For the right shoulder, x-ray done on May 7, 2014 showed mild glenohumeral joint and moderate acromioclavicular joint arthritic changes noted with joint space narrowing and osteophyte formation, subchondral sclerosis along the greater tubercle, and mild subchondral cystic changes within the humeral head. However, recent progress report, dated July 2, 2014, showed no change in his symptoms and had mild pain only. Furthermore, utilization review dated May 23, 2014 showed that the patient has been authorized for an MRI of the right shoulder. Therefore, the request for MRI Bilateral Shoulders is not medically necessary.