

Case Number:	CM14-0091582		
Date Assigned:	07/25/2014	Date of Injury:	01/09/2009
Decision Date:	11/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 Osteopathic Family Practice 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 patient is a 59 year old male retired truck driver for [REDACTED] who sustained an industrial injury on 1/9/1009. The injury is noted to be due to repetitive work. He is followed for diagnosis of status post right shoulder arthroscopy 2009 and left shoulder tendinitis. The patient was evaluated on 5/15/14 at which time he noted the right shoulder feels the same. He has had 3/6 PT visits for the right shoulder. With regards to the left shoulder, he feels worse with limitation of ROM. An examination revealed bilateral shoulder tenderness and positive Hawkins bilaterally. Left shoulder ROM was as follows: Flexion 110/180, abduction 90/180, internal rotation 30/90, external rotation 35/90, extension 40/50 and adduction 30/50. Request was made for left shoulder PT and MRI. The patient is to continue using Norco. Left shoulder MRI is noted to be indicated for the following indications: history of acute shoulder trauma, suspecting RCT/impingement, over 40 year old, normal plain radiographs with subacute shoulder pain and suspecting instability/labral tear. According to an examination report dated 3/3/14, left shoulder MRI was performed on 2/18/2009 with the following impression: No full thickness tear of the supraspinatus. There is partial articular surface tear and biceps tendonitis. A UR dated 5/19/14 certified the request for left shoulder PT 2x3. The request for left shoulder MRI was determined not medically necessary. The provider had cited the ODG's guidelines for shoulder MRI. However, the peer reviewer noted that plain radiographs were not included for review and there was no indication of acute shoulder trauma. It was also noted that PT has been recommended and MRI of the left shoulder would not be supported at this time.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: Left shoulder MRI is not medically necessary. According to the submitted documents, left shoulder MRI was performed on 2/18/2009 with the following impression: "No full thickness tear of the supraspinatus. There is partial articular surface tear and biceps tendonitis." The references state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and and/or findings suggestive of significant pathology. In this case, the medical records note that the patient has undergone prior left shoulder MRI, and there is no evidence of red flags or recent trauma to support repeat studies. There is also no evidence that the patient is a surgical candidate to warrant updated studies. Additionally, it is noted that a course of physical therapy for the left shoulder has been approved. Advanced imaging studies would not be supported at this juncture. The request is not medically necessary.