

Case Number:	CM13-0006768		
Date Assigned:	06/06/2014	Date of Injury:	10/14/2003
Decision Date:	01/05/2015	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

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 Orthopedic Surgery 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:

Patient is male with a reported work related injury on 10/14/03. Previous MRI of the left shoulder was done on 04/03/12 and 08/18/11 and both reportedly demonstrated full thickness tears of the supraspinatous tendon. Previous MRI of the cervical spine on 02 0810 reportedly demonstrated C3-4 and C6-7 retrolisthesis. Physical examination demonstrated restricted range of motion and supraspinatous weakness. Exam note 6/19/13 demonstrates complaints of pain in the shoulder. Examinations of the shoulders reveal no asymmetry of the shoulder joints or gross atrophy of the musculature of the shoulder joints. Positive supraspinatus weakness is noted over the left shoulder. There no documentation of a significant change in the clinical picture or complaints to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder, Neck and Upper Back, and Lumbar.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 9 Shoulder complaints regarding imaging of the shoulder, page 207-208, Primary criteria for ordering imaging studies are: 1) Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), 2) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon), 3) Failure to progress in a strengthening program intended to avoid surgery, 4) Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In this case there is insufficient evidence from the exam note of 6/19/13 to support the guidelines for MRI of the shoulder above. Therefore the request is not medically necessary.