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| Case Number: | CM14-0132285 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 11/05/2011 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 52 year old male who sustained an industrial injury on 11/05/2011. He has reported pain in the left shoulder rated as 7/10 without medications and 4/10 with medications. Diagnoses include degenerative disc disease L4-5 post posterior spinal fusion 01/2014, Cervical strain with herniated nucleus pulposus C7; left shoulder impingement situation post-surgery 09/12. Treatment to date includes chiropractic care, and physical therapy. His provider that is taking care of his upper extremity issues noted that he had a tear. The caregiver is awaiting a MRI for further evaluation. A progress note from the treating provider dated 07/23/2014 indicates the IW has normal reflex, sensory and power testing to bilateral upper and lower extremities with exception of weakness and numbness noted on the left at L5 and on the left at C7. Straight leg raise and femoral stretch are negative bilaterally. Positive cervical and lumbar tenderness with muscle spasms noted at the cervical and lumbar paraspinals. The cervical spine had decreased range of motion as did the lumbar spine. Femoral stretch was negative bilaterally. On 07/24/2014, is requesting a MRI Left Shoulder to evaluate for possible repair. On 07/28/2014 Utilization Review non-certified a request for MRI of the Left shoulder. The ACOEM Guidelines were cited.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, MRI.

Decision rationale: The patient is a 53 year old male who presents with low back and left shoulder pain rated 7/10 without medications and 4/10 with medications. The patient's date of injury is 11/05/11. Patient is status post unspecified left shoulder impingement surgery in September 2012. The request is for MRI LEFT SHOULDER. The RFA is dated 07/23/14. Physical examination dated 07/23/14 reveals an antalgic gait, tenderness to palpation and spasm in the lumbar and cervical paraspinal muscles. Neurological examination finds weakness and loss of sensation to the left L5 dermatome and left C7 dermatome. No physical findings pertinent to shoulder complaint were documented. The patient is currently prescribed Ultram and Norflex. Diagnostic imaging was not included, though the patient has had a shoulder MRI dated 12/19/11, though the report or discussion of the results were not included. Patient's current work status is not specified. ODG-TWC, Shoulder Chapter, under Magnetic resonance imaging states: "Indications for imaging Magnetic resonance imaging MRI: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In regards to the request for an MRI to be performed of this patient's right shoulder, the request appears reasonable. Progress notes provided indicate that this patient had a shoulder MRI dated 12/19/11, and shoulder surgery in September 2012. Progress notes do not discuss any post-operative MRI's, and it has been nearly three years since this patient's operation. It appears the treater is requesting this imaging to rule out a new tear. Owing to the fact that this patient's symptoms have persisted despite surgery, and the length of time since imaging was performed, additional imaging is appropriate. The request IS medically necessary.