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| Case Number: | CM14-0132426 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 10/25/2012 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 08/11/2014 |
| 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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 53 year old male with a history of injury to the right shoulder on 10/25/2012. He felt a pop in his shoulder and experienced pain while pulling on a piece of aluminum that was stuck in a machine. The MRI showed a massive rotator cuff tear with 40-50 mm retraction. On 8/28/2013 he underwent a rotator cuff repair through a mini-open approach with acromioplasty, extensive debridement, SLAP repair and a Mumford procedure. On 2/20/2014 he was complaining of intermittent mild shoulder pain for which he was taking vicodin. On exam he was tender to palpation, and had positive impingement signs and positive supraspinatus sign and acromioclavicular tenderness. On 3/21/2014 there was moderate pain in the shoulder. The pain persisted on 5/2/2014. On 7/16/2014 the pain was 7/10 but there was full active range of motion. X-rays showed 6 bone anchors in the proximal humerus. There was no superior subluxation noted. He was advised to rest for nine days and a corticosteroid injection was planned if pain persisted. On 8/1/2014 there was no change in the full range of motion but he still complained of pain. A repeat MRI scan was requested but non-certified by UR as there was no substantial change in the examination findings to suggest a recurrent rotator cuff tear. However, the corticosteroid injection was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI- Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The California MTUS guidelines indicate imaging studies if there is a red flag noted on history or examination raising suspicion of a serious underlying condition such as an intra-abdominal or cardiac issue or cervical nerve root problem presenting as shoulder pain. Imaging is also needed if there is persisting weakness or loss of range of motion from a rotator cuff tear. Multiple examinations after surgery have revealed no change in the objective findings. In particular, the post-operative range of motion of the right shoulder has always been good indicating a good result from the repair of the massive rotator cuff tear. The clinical examination findings have not changed significantly and there is no history of recurrent trauma to the shoulder raising suspicion of a recurrent rotator cuff tear. Based upon the above guidelines the request for a repeat MRI scan of the right shoulder was not medically necessary.

Cortisone injection to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The corticosteroid injection is a part of the conservative treatment along with an active exercise program for strengthening as recommended by the California MTUS guidelines. This was certified by Utilization Review. The request for a corticosteroid injection of the right shoulder was therefore medically necessary.