

Case Number:	CM14-0186401		
Date Assigned:	11/14/2014	Date of Injury:	04/28/2012
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Colorado. 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 worker is a 63-year-old male injured on April 28, 2012. The mechanism of injury is unclear although injury was traumatic. The worker sustained traumatic brain injury along with injuries to other body parts. The worker has been treated through hospitalization and rehabilitation programs including physical therapy, occupational therapy, speech therapy and neuropsychological treatment. The worker also underwent surgical intervention including open reduction and internal fixation of facial fractures, clavicle fracture, and cervical fusion at the C6-7 level. Conservative treatment included physical therapy and the use of medicines including Trazodone, narcotics, and topical preparations. Diagnoses include cervical spine strain, cervical spine fusion, bilateral rotator cuff tear, pulmonary embolism, and traumatic brain injury. An orthopedic surgeon evaluation on September 4, 2014 documents subjective complaints of moderate neck pain with radiation to both shoulders. Examination findings include paracervical and trapezius tenderness, cervical distraction test positive, reduced sensation on the left upper extremity C5-7 dermatomes, absent biceps reflexes, reduced left upper extremity strength at the deltoid and biceps as well as wrist extensor and thumb abductors. Shoulder examination was noteworthy for palpable tenderness and spasm in the trapezius with positive impingement and supraspinatus weakness on the right. Yergason's, speeds, and apprehension tests were negative bilaterally. The Range of motion was documented as right shoulder flexion 170, left forward flexion 140, right abduction 160, left abduction 110. Bilateral shoulder external rotation was 30. Bilateral shoulder internal rotation was 20. Bilateral shoulder adduction is 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 209-210.

Decision rationale: The MTUS provides medical necessity criteria for shoulder MRI scan. These criteria indicate that shoulder a MRI scan is potentially medically necessary for the following disorders: Impingement syndrome, rotator cuff tear, recurrent dislocation, suspected tumor, and suspected infection. For rotator cuff tear, the MTUS documents that surgical repair of the rotator cuff is indicated for significant tears that impair activities causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. For partial thickness rotator cuff tears and small full thickness tears, presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The available medical records document the injured worker has weakness on right arm elevation as well as impingement. The records do not specifically document the duration that these symptoms have persisted or the effects of conservative management, such as physical therapy. In this case, regarding the pre-surgical indications for rotator cuff tear repair or impingement syndrome intervention (i.e. decompression) using a shoulder MRI scan, there is no documentation of failed conservative therapy for a minimum of 3 months. There is mention of treatment with physical therapy however no specific information is provided regarding physical therapy directed to the right shoulder. The medical records do document a normal active range of motion of the right shoulder and the medical records do not document and impairment of activities of daily living regarding the effects of right shoulder symptomology. Therefore, the right shoulder MRI scan request is not considered medically necessary or appropriate.