

Case Number:	CM14-0198372		
Date Assigned:	12/08/2014	Date of Injury:	04/07/2013
Decision Date:	01/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, 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:

This 47 year old female sustained an injury on April 7, 2013. The mechanism of injury is not included in the medical record provided. Prior treatment includes physical therapy, therapeutic exercise, ice, electrical stimulation, sling, and surgery. Her diagnosis included left shoulder acromioclavicular joint resection, synovectomy, bursectomy, decompression, and debridement of a SLAP tear (superior labral tear from anterior to posterior). On July 17, 2014 a MRI revealed biceps tendinosis. On October 21, 2014, the injured worker reported improvement of her pain in the posterior aspect of the shoulder. The injured worker was concerned that she possibly had a tear as she still had anterior aspect pain. The treating physician noted the injured worker had an interstitial tear. The physical exam revealed mild to moderate decreased range of motion of the left shoulder, anterolateral tenderness, and minimal pain over the posterior aspect of the shoulder an acromioclavicular joint. On November 9, 2014, the treating physician noted continued anterior lateral shoulder discomfort. The physician noted the injured worker needed a MRI because of her continued discomfort. The treatment plan included a referral for a MRI. Current medications were not included in the provided medical records. On November 3, 2014 Utilization Review non-certified a request for an MRI of the left shoulder. The MRI was non-certified based on the lack of evidence of significant change in symptoms and /or findings of suggestive of significant pathology. The injured worker's pain in posterior aspect was improved, particularly after surgery. The physician's exam gave no indication that there was a tear. It appeared the injured worker was insistent about having an MRI. The California Medical Treatment Utilization Schedule (MTUS) guidelines, ACOEM (American College of Occupational and Environmental Medicine), and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, MRI

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI evaluation left shoulder is not medically necessary. Primary criteria for ordering imaging studies are physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in the strengthening program intended to avoid surgeries, clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines enumerate the criteria for performing an MRI of the shoulder. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. In this case, the injured worker's diagnoses are left shoulder SLAP debridement, synovectomy, bursectomy, decompression, partial treatment of partial rotator cuff tear. An MRI was performed July 17, 2014 that showed supra/infra/biceps tendinosis. The documentation does not contain any evidence of a significant change in symptoms or findings suggestive of significant pathology and consequently, repeat MRI of the affected shoulder is not clinically indicated. Additionally, there is no clinical rationale indicating a repeat MRI is indicated. Consequently, after the appropriate clinical indication pursuant to the guidelines, MRI evaluation must shoulder (repeat) is not medically necessary.