MAXIMUS Federal Services

Case Number:	CM14-0206102		
Date Assigned:	12/18/2014	Date of Injury:	01/03/2007
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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 Physical Medicine Rehab, 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:

The patient is a 51-year-old male who sustained a work injury on 1/3/07. Records indicate he had a left shoulder surgery in 2009. Records indicate he is a retired policeman and is currently not working. Treating physician report dated 4/29/14 notes persistent left shoulder complaints and a request for updated MRI is made. An MRI report of the left shoulder dated 5/22/14 reveals tendinosis with low grade peritendinitis and small interstitial footplate tear affecting the infraspinatus tendon. No evidence of macrotrauma is noted. There are postsurgical changes consistent with acromioplasty/decompression. Mild AC joint arthrosis. Treating physician report dated 6/10/14 recommends additional chiropractic visits, but states they are being denied. A refill for Norco is made on 6/20/14. The 7/15/14 treating physician report indicates the patient is on anticoagulants for DVT and pulmonary embolism. A shoulder injection is deferred at this time. The 11/15/14 treating physician report notes that the patient is in acute distress. No recent trauma or injury is noted. Complaints include severe pain and tenderness to his arm, and difficulty with movement of the shoulder. He is unable to sleep on that side. Feels it is getting progressively worse. Physical exam shows decreased flexion and abduction in the shoulder with crepitation and tightness. Positive impingement sign is noted. Cortisone injection is administered. MRI is ordered. The current diagnoses are:1. Left shoulder sprain2. Sprain/strain thoracic3. Left shoulder impingement syndromeThe utilization review report dated 11/21/14 denied the request for MRI Arthrogram left shoulder based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

Decision rationale: The patient has continued complaints of left shoulder pain and decreased function. The current request is for MRI arthrogram left shoulder. Treating physician report dated 4/29/14 notes persistent left shoulder complaints and a request for updated MRI is made. An MRI report of the left shoulder dated 5/22/14 reveals tendinosis with low grade peritendinitis and small interstitial footplate tear affecting the infraspinatus tendon. No evidence of macrotrauma is noted. There are postsurgical changes consistent with acromioplasty and decompression. The previous MRI clearly documents pathology in the shoulder and the diagnosis has therefore been previously confirmed. ODG states that MRI is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over 40; normal plain radiographs. Sub-acute 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. The attending physician makes no mention of suspected labral tear or instability. There has been no new or recent trauma. The diagnosis has already been confirmed on the 5/22/14 MRI. The treating physician offer no rationale for the requested study. As such, the recommendation is for denial.