

Case Number:	CM14-0206926		
Date Assigned:	12/18/2014	Date of Injury:	12/20/2006
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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:

The injured worker is a 61-year-old female who reported an injury on 12/20/2005. The mechanism of injury was not specified. Her diagnoses include left rotator cuff bursitis with impingement, degenerative tear of the superior labrum, moderate grade bursal sided tear of the infraspinatus tendon, and high grade partial thickness articular sided tear of the supraspinatus tendon. Her past treatments include work restrictions, physical therapy, muscle relaxants, chiropractic treatments, narcotic medications, and NSAIDs. The diagnostic studies include an MRI of the left shoulder on 04/19/2012, which revealed a high grade partial thickness articular sided tear of the supraspinatus tendon, as well as tendinosis. There was also evidence of a moderate grade bursal sided tear of the infraspinatus tendon, and degenerative tear of the superior labrum. Relevant surgical history was not provided within the documentation. On 09/29/2014, the patient presented with bilateral neck pain that radiated into the bilateral shoulders, left triceps, and left radial hand, with associated numbness and paresthesias. The physical examination revealed decreased strength in the left deltoid, biceps, wrist extensors, and triceps. She also had a positive Neer's and Hawkin's signs, and there was tenderness upon palpation of the bicipital groove. The injured worker was noted to be taking Percocet, Soma, Flexeril, Vicodin, and Norco. The treatment plan included an orthopedic consultation for further evaluation of the left shoulder. A rationale for the request was not documented. A Request for Authorization form was submitted for review on 10/02/2014.

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 (ODG), Shoulder, Acute & Chronic, Magnetic Resonance Imaging (MRI)

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

Decision rationale: The CA MTUS/ACOEM Guidelines criteria for ordering imaging studies include: an emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of an anatomy prior to an invasive procedure. More specifically, the Official Disability Guidelines do not recommend a repeat MRI unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The medical records indicate the injured worker had ongoing left shoulder pain. An MRI of the left shoulder revealed evidence of a high grade partial thickness articular sided tear of the supraspinatus tendon, as well as tendinosis. There was also evidence of a moderate grade bursal sided tear of the infraspinatus tendon and a degenerative tear of the superior labrum. However, there was insufficient documentation to demonstrate a significant change in symptoms and/or findings suggestive of significant pathology to justify a repeat MRI. Therefore, in the absence of this documentation, the request for an MRI of the left shoulder is not medically necessary.