

Case Number:	CM14-0209917		
Date Assigned:	12/22/2014	Date of Injury:	09/28/2011
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 41-year-old male who sustained a work related injury on September 28, 2011 to the bilateral shoulders. The patient stated that he was making a delivery unloading a box of meat about 100 pounds it fell off the palette when he went to put it back he felt a pull to his shoulder. Under consideration is a request for a left shoulder MRI and acupuncture to the left shoulder. A 12/3/14 office visit progress note states that the patient complains of off-and-on aching sharp pain in the left shoulder. The pain does not radiate. The pain increases with lifting his arm overhead. He states that when lifting his arm over head he experiences popping. On a scale of 1 to 10, the patient rates the left shoulder pain at a6. He is status post right shoulder surgery in 2012, and left shoulder surgeries in early 2013, with benefit. He was given physical therapy. He was given MRI scans of the left and right shoulders. About a month following his left shoulder surgery he tried to push himself up out of a chair and re-ripped his left rotator cuff. In late 2013, he underwent a second left shoulder surgery and physical therapy with benefit.

Further physical therapy for the bilateral shoulders was requested and denied. The patient remains off work and takes oral medications. On physical examination there was palpable tenderness over the anterior acromial, left shoulder. There were bilateral shoulder 10cm scars. There was a positive left shoulder impingment sign and decreased left vs. right shoulder range of motion. 20% weakness in the left shoulder in flexion, external rotation and abduction. The bilateral upper extremity reflexes were intact and there is no sensory loss in the bilateral upper extremities. X-ray examination of the left shoulder, AP outlet and AC joint revealed subacromial decompression and evidence of a rotator cuff repair. No acute fracture or dislocation otherwise

noted. The documenting physician states that he has no prior medical records and is requesting the medical records from the surgeon that performed surgery. He requests a repeat MRI scan of the left shoulder; this is following the left shoulder surgery; authorization for acupuncture and a short course of physical therapy. A 6/26/14 progress note revealed that the patient had a left shoulder MRI on 8/23/13 which revealed interval acromioplasty and likely tendon to tendon rotator cuff repair. 2. Supraspinatus tendinosis with mild interval increase in size of a small moderate to high grade, predominantly interstitial tear of the distal supraspinatus tendon with a smaller bursal surface component with minimal 2 to 3 mm supraspinatus tendon retraction. 3. Mild subscapularis tendinosis without focal high-grade tear. 4. Minimal increased signal intensity within the superior labrum which likely represents a small labral tear, less likely volume averaging from a prominent sublabral recess alone. The remainder of the labrum appears intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture guidelines state that acupuncture may be used as an adjunct to physical rehabilitation. The guidelines state that the time to produce functional improvement for acupuncture is 3 to 6 treatments and that acupuncture treatments may be extended if functional improvement is documented. The request as written exceeds the guideline recommendations for an acupuncture and therefore, the request for acupuncture 2 times a week for 4 weeks for the left shoulder is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Magnetic Resonance Imaging (MRI) section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI

Decision rationale: The MTUS ACOEM Guidelines state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to

conservative treatment). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute 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 documentation indicates that the patient has had prior MRI of the left shoulder. The physical exam findings do not reveal significant red flag findings. The request for MRI of the left shoulder is not medically necessary.