

Case Number:	CM14-0048679		
Date Assigned:	06/25/2014	Date of Injury:	08/17/2012
Decision Date:	10/02/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who sustained an industrial injury on August 17, 2012. The worker was employed as a fast food service worker. The accident was described as while working one day walking down a ramp he stumbled and twisted avoiding contact with a truck passing by and resulting with fall and injuries. A primary treating office visit dated January 14, 2013 reported subjective complaint of left shoulder pain with overhead use and lifting. Objective assessment noted the shoulder with positive impingement, Neer's, and Hawkins-Kennedy tests on the left. He states the pain increases during the overnight course. The assessment found: left shoulder impingement and tear; right shoulder impingement and tear; cervical disc disease; lumbar disc disease, and shoulder rotator cuff syndrome. There is noted discussion that the treating provider requested copy of the magnetic resonance imaging studies for review along with recommendation to undergo MRI of the left shoulder ruling out type 3 acromion and the right shoulder MRI ruling out impingement and tear. The following recommendations were all made during this visit: neurological consultation, left shoulder surgery. Of note, on March 22, 2013 he underwent MRI of bilateral shoulders that revealed: a type I-II acromion with mild proliferate changes in the acromioclavicular joint; noted tear appearing more pronounced than previous study; a mild amount of fluid in the glenohumeral joint and also in the biceps tendon sheath consistent with tenosynovitis changes. In February 2014 the worker underwent MRI of bilateral shoulders that showed: right side with supraspinatus tendinosis; type III acromion with increased risk of impingement and possible small tear of the posterior labrum. A primary treating follow up dated February 10, 2014 reported subjective complaint of right shoulder pain,

left shoulder pain, and low back pain. He is status post left shoulder arthroscopy in August 2013. The following diagnoses were applied: cervical disc syndrome; status post left shoulder surgery; right shoulder impingement and tear; bilateral wrist carpal tunnel syndrome, and lumbar spine herniated nucleus pulposus. The plan of care noted: pending surgery authorization right shoulder with note the worker wishes to hold off on right shoulder surgery until pain in left shoulder resolves. There is still pending authorization for neurological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the left shoulder, without contrast, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: The current request is for a Magnetic Resonance Imaging (MRI) of the left shoulder, without contrast, as an outpatient. The RFA is dated 02/17/14. Treatment history included left shoulder arthroscopy in August 2013, physical therapy and medications. The patient is not working. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): 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. (Mays, 2008)" The medical records indicate that the patient has had bilateral shoulder MRIs on 10/22/12. These reports were not provided for my review. Subsequently, the patient underwent a left shoulder arthroscopy in August 2013. On 02/10/14, the patient reported continued bilateral shoulder pain, greater on the left than right. Examination revealed decreased and painful range motion on all planes on the left and positive impingement and empty can test on the left side. The treater requested an MRI of the left shoulder, as surgical intervention was considered. It appears that the MRI was done prior to authorization as there is an MRI report dated 02/12/14. According to this MRI report, the patient has tendinosis and partial bursal surface tear of the supraspinatus tendon involving 50% of the tendon thickness on the left. In this case, the patient has had prior surgery with continued significant pain and the treater is contemplating surgery. An MRI for further investigation prior to surgical intervention appears reasonable and supported by ODG. The request is medically necessary.