

Case Number:	CM15-0122252		
Date Assigned:	11/16/2015	Date of Injury:	06/20/2005
Decision Date:	12/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/23/2015

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 54 year old male who sustained an industrial injury on 6-20-05. A review of the medical records indicates that the worker is undergoing treatment for diagnoses noted 4-20-15 of: status post left shoulder rotator cuff repair (12-5-14) and status post anterior cervical discectomy and fusion. Subjective complaints (4-20-15) include "he feels that his range of motion of his left shoulder has improved considerably", but he continues to have weakness secondary to a grinding sensation in the left shoulder. Also noted are complaints of neck stiffness, posterior neck pain radiating to the shoulders bilaterally and through the back of his neck and occiput with a tingling sensation through the left upper extremity. Left shoulder pain (4-14-15) is rated at 5-6 out of 10. Objective findings (4-20-15) include 170 degrees of flexion and abduction but palpable crepitus of the anterolateral corner of the acromion, pain with resisted range of motion and motor strength to flexion and abduction is reported as 4 out of 5. Limited range of motion of the cervical spine and decreased sensation over the dorsum of the left hand is noted. The physician reports he has attended therapy but progress is limited by the complaints of grinding which is palpable. Work status is noted as temporarily totally disabled. Previous treatment includes "approximately 18 visits" of post-operative therapy (left shoulder). The treatment plan includes, prior to proceeding with additional therapy, a left shoulder MRI with contrast is requested to assess the integrity of the rotator cuff repair and presence, if any of a bursitis. The requested treatment of MRI of the left shoulder with contrast was denied on 5-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder with Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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, Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 06/20/05 and presents with neck pain radiating to the shoulder bilaterally and left shoulder pain. The request is for a MRI of the left shoulder with contrast. There is no RFA provided and the patient is not currently working. ODG Guidelines, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging - Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 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 patient has a limited shoulder range of motion, palpable crepitus of the anterolateral corner of the acromion, pain with resisted range of motion, and motor strength to flexion and abduction is reported as 4 out of 5. He is diagnosed with status post left shoulder rotator cuff repair (12-5-14) and status post anterior cervical discectomy and fusion. Given that the patient is post-operative and has not had a MRI of his shoulders after his surgery, an updated MRI of the left shoulder appears reasonable. Therefore, the request for MRI of the Left Shoulder is medically necessary.