

Case Number:	CM15-0133013		
Date Assigned:	07/21/2015	Date of Injury:	04/09/2009
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: Family Practice

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 55 year old female who sustained an industrial injury on 04/09/2009. Mechanism of injury was repetitive motion. Diagnoses include cervical intervertebral disc disorder with myelopathy, rotator cuff syndrome of the shoulder, status post cervical fusion, and lumbar intervertebral disc disorder with myelopathy. Treatment to date has included diagnostic studies, and medications. On 06/14/2015 a Magnetic Resonance Imaging of the right shoulder showed a tear of the supraspinatus tendon, 1cm proximal to the insertion site, with a 1cm tear-gap and fluid in the subacromial-subdeltoid bursa indicating a full thickness tear. There is degenerative spur formation for the acromial clavicular joint impinging the supraspinatus muscle tendon junction near the rotator cuff, and tenosynovitis of the biceps tendon which is appropriately positioned in the bicipital tendon groove. On 06/14/2015 a Magnetic Resonance Imaging of the left shoulder showed a full thickness tear of the supraspinatus tendon, and spur formation of the acromioclavicular joint impinging on the supraspinatus muscle-tendon junction near the rotator cuff. A physician progress note dated 04/30/2015 documents the injured worker complains of left cervical, cervical, right cervical, right anterior knee, left cervical dorsal, upper thoracic, right cervical dorsal, right mid thoracic, mid thoracic and left mid thoracic pain. She rates her pain as a 7 out of 10, with 10 being the worst pain, and it is noticeable approximately 100% of the time. At its worst it is rated as 10 and at its best it is rated 6. She has tingling and numbness in the right anterior hand, left anterior hand, and left and right posterior hand approximately 60% of the time. She has anxiety, stress and insomnia. She is better with her medications. There is palpable tenderness in the cervical spine, right and left shoulder, right and

left wrist, lumbar, right sacroiliac, sacral, left buttock, right buttock, left and right posterior leg, and right and left posterior knee. Cervical range of motion is limited and Spurling's is positive. Right and left shoulder range of motion is limited, with right shoulder impingement present. The treatment plan includes physical therapy to the cervical, and lumbar spine, and the right knee. Prilosec was prescribed, and a IF unit was requested. Treatment requested is for MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the ACOEM shoulder chapter, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, it is noted that the requested imaging has been already performed. The medical records noted subjective and objective functional deficits that would have supported the imaging study. The request for MRI of the right shoulder is therefore retrospectively medically necessary and appropriate.