

Case Number:	CM15-0133348		
Date Assigned:	07/21/2015	Date of Injury:	04/09/2009
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, 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 due to repetitive motion. Diagnoses include cervical intervertebral disc disorder, status post cervical fusion and rotator cuff syndrome. Treatment to date has included diagnostic studies, and medications. A Magnetic Resonance Imaging of the right shoulder was done on 06/14/2015 and showed a full thickness, supraspinatus tendon tear, degenerative spur formation of the acromial clavicular joint impinging the supraspinotus muscle tendon junction near the rotator cuff, and tenosynovitis of the biceps tendon, which is appropriately positioned in the bicipital tendon groove. A Magnetic Resonance Imaging of the left shoulder was done on 06/16/2015 shows a full thickness supraspinatus tendon tear, spur formation at the acromial clavicular 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, Magnetic Resonance Imaging of the right shoulder, Prilosec and FCL was prescribed, and a home IF unit. Treatment requested is for MRI of the left shoulder.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did have acute rotator cuff tear findings as noted on the June result. The request for the MRI was appropriate.