

Case Number:	CM15-0140633		
Date Assigned:	07/30/2015	Date of Injury:	11/15/2011
Decision Date:	08/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

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 54 year old male, who sustained an industrial injury on 11-15-2011. He has reported injury to the bilateral shoulders. The diagnoses have included rotator cuff sprain and strain; and bilateral shoulder impingement with partial rotator cuff tear. Treatment to date has included medications, diagnostics, cortisone injections, and physical therapy. Medications have included anti-inflammatories. A progress note from the treating physician, dated 05-27-2014, documented a follow-up visit with the injured worker. The injured worker reported bilateral shoulder pain; he has had MRI studies of both the right and left shoulders; his shoulders are bilaterally symptomatic; and a few weeks ago, he had severe pain requiring a visit to another provider who gave him pain medication. Objective findings included decreased ranges of motion of the bilateral shoulders; positive provocative Neer test, Hawkins test, impingement signs, and O'Brien's testing bilaterally; MRI of the left shoulder, dated 04-01-2014, shows a high grade partial tear of the left shoulder rotator cuff with lateral down-sloping of the acromion; and the MRI of the right shoulder, dated 04-01-2014, shows evidence of bursal-sided partial tearing of the rotator cuff at the footprint with mild acromioclavicular joint osteoarthritis and type 2 acromion morphology. The treatment plan has included the request for MRI with contrast (Gadolinium contrast) for the right shoulder, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast (Gadolinium contrast) for the right shoulder, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: 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 criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore the request is not medically necessary.