

Case Number:	CM15-0161788		
Date Assigned:	08/27/2015	Date of Injury:	07/25/2012
Decision Date:	10/22/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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 66 year old male who sustained an industrial injury on 07-25-2012. Diagnoses include sprain and strain of the shoulder. Diagnoses include status post right shoulder arthroscopy with residuals, postoperative Magnetic Resonance Imaging findings of full thickness supraspinatus tendon tear. Comorbid diagnoses include diabetes, hypertension, and hypothyroid. A physician progress notes dated 07-31-2015 documents the injured worker's pain is unchanged, he has complaints of intermittent pain in the right shoulder which increased with activity. Range of motion of the right shoulder was 160 degrees-abduction, 170 degrees flexion, 70 degrees internal rotation, and 30 degrees extension and adduction. Yergason, Speeds and Drop arm tests are positive. Medications include Ibuprofen, Lisinopril, Metformin, Simvastatin, Terazosin, Glipizide, Aspirin, and Levothyroxine. Treatment to date has included diagnostic studies, medications, a home exercise program, activity modifications, physical therapy, right shoulder injections with little help and subacromial injection with helped considerable, and is status post right shoulder operative arthroscopy, synovectomy, debridement of the rotator cuff tear, labral debridement and repair of the labral tear with residuals on 03-19-2013. The injured worker is retired. A MRI of the right shoulder with arthrogram dated 10-06-2014 revealed full thickness tear with retraction of the supraspinatus tendon, tendinosis of the right infraspinatus, osteoarthritis of the acromioclavicular joint and subacromial bursal fluid. A physician progress note dated 04-10-2015 documents the injured worker states that at times his right shoulder locks and he hear a cracking sound. The treatment plan includes continuation of Home Shoulder Pulley System with Thera-bands in a home exercise program, and continues with present

medications. Options of further treatments were discussed at length with the injured worker including repeat shoulder arthroscopy. He would like to discuss his options. A repeat Magnetic Resonance Imaging is recommended. On 08-11-2015 Utilization Review non-certified the requested treatment MRI of the right shoulder per 7/31/15 order.

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 per 7/31/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS Guidelines support the use of MRI of the shoulder in cases in which red flags are present and in order to clarify anatomy prior to surgery. In this case, the patient was previously diagnosed with a rotator cuff tear and underwent arthroscopic repair. The surgery failed, however, and the patient had a subsequent MRI on 10/6/2014 which demonstrate a re-tear of the rotator cuff and other pathology. The request is for a repeat shoulder MRI. In the interim since 2014, there is no history of new trauma. There is also no change in the subjective and objective findings related to the shoulder. Therefore a repeat MRI of the shoulder is not medically necessary or appropriate.