

Case Number:	CM15-0166310		
Date Assigned:	09/03/2015	Date of Injury:	05/03/2013
Decision Date:	10/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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 52 year old female who sustained an industrial injury on 5-3-13 from repetitive movements and cumulative trauma developing increasing right shoulder discomfort and back pain. She has had several back injuries. She had prior left knee injury (3-31-99) and treatment with improvement (4-17-15). She currently complains of lumbar spine pain located mostly in the right buttocks radiating to her anterior thigh, with good range of motion and positive straight leg raise bilaterally with tenderness to palpation; mild right shoulder pain; left shoulder pain with catching and popping sensation with tenderness on the anterior aspect and positive impingement sign. She has not had an MRI of the left shoulder. On 12-23-14 there was documentation of developing left shoulder symptoms and is having difficulty using crutches. Medication was Norco. Diagnoses include right shoulder rotator cuff tear, status post right shoulder rotator cuff arthroscopy (10-2013); left knee anterior cruciate ligament tear, medial, and lateral meniscal tear, severe osteoarthritis; right knee medial and lateral meniscal tears; lumbar spondylosis, chronic sprain; likely left shoulder rotator cuff tear; hip pain referred from back. Treatments to date include continuous passive motion machine; medications; epidural steroid injections; exercise program for the shoulders; medications. Diagnostics include MRI of the right shoulder (4-22-13) showing a full-thickness tear of the supraspinatus tendon, moderate degenerative changes, tearing of the superior labrum. She has not had an MRI of the back in several years per 6-30-15 note; x-rays of the lumbar spine (6-30-15) showing diminished disc space; x-rays of bilateral shoulders (6-30-15) no evidence of fracture or dislocation. In the progress note dated 6-30-15 the treating provider's plan of care included requests for MRI of the

lumbar spine to determine if there are any major disc herniation's or spinal stenosis; MRI of the left shoulder to determine further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. The injured worker is status post prior lumbar surgical intervention. The injured worker has presented with subjective and positive physical examination findings that support the request for updated imaging at this juncture. The request for MRI of the lumbar spine without contrast is medically necessary and appropriate.

MRI of the left shoulder without contrast: Overturned

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 ACOEM shoulder chapter notes that 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, the medical records note ongoing left shoulder complaints with concern regarding rotator cuff tear. The request for imaging studies to determine further treatment planning is supported. The request for MRI of the left shoulder without contrast is medically necessary and appropriate.