

Case Number:	CM15-0194759		
Date Assigned:	10/08/2015	Date of Injury:	05/08/2012
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 73 year old female who sustained an industrial injury on 5-08-2012. The injured worker was being treated for chronic cervical spine strain with underlying mild degenerative disc disease, status post right shoulder arthroscopy with rotator cuff tear, rule out recurrent rotator cuff tear, left shoulder pain, rule out rotator cuff tear, chronic lumbar spine strain, bilateral knee pain, and right ankle pain. Current work status was modified work with restrictions. Treatment to date has included diagnostics, right shoulder surgery in 10-2014, physical therapy, acupuncture, and medications. Magnetic resonance imaging (MRI) of the left shoulder on 3-06-2015 showed mild to moderate grade partial thickness bursal surface, tearing of the supraspinatus fibers at the level of the critical zone superimposed upon a background of tendinopathy. Ultrasound of the left shoulder on 4-16-2015 noted mild inflammation left supraspinatus tendon, without visualized rotator cuff tear. The provider progress note on 8-13-2015 reported the injured worker continued to complain of neck pain, mostly on the right side with occasional headaches, right shoulder pain rated 4/10, left shoulder pain rated 5/10, bilateral hand-wrist pain, low back pain, right hip pain, and right knee pain. The shoulder pain radiated down to the hands and was associated with bilateral hand numbness, tingling and weakness. She reported that medications were helping with pain. Medication use included Anaprox and Prilosec. Physical exam of the neck showed decreased painful motion. Exam of the left shoulder noted tenderness to palpation, decreased painful motion, and high riding humeral head consistent with a very large rotator cuff tear (physical exam of the left shoulder on 4-02-2015 was

unchanged from current exam). The treatment plan included magnetic resonance imaging and ultrasound of the left shoulder, non-certified by Utilization Review on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, General Approach, Special Studies, Summary. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

Decision rationale: Magnetic Resonance Imaging (MRI) is a procedure performed in radiology to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using this procedure to evaluate the shoulder when plain films of the shoulder are negative, symptoms suggest a surgically correctable condition and/or the patient has failed rehabilitation efforts. Review of the available medical records on this individual reveals signs and symptoms of shoulder impingement with an MRI done 8 months ago which showed a partial rotator cuff injury. Conservative treatment to date has not resolved the symptoms. However, there has been no additional trauma or signs/symptoms that would indicate a change in the patient's anatomic findings from the prior MRI. Additionally, there is no documentation that surgical repair is being considered. The provider did not give a reason for requesting another MRI this soon after the last MRI. Repeating the shoulder MRI at this time is not indicated. Medical necessity has not been established.

Ultrasound of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/Ultrasound, Shoulder and Other Medical Treatment Guidelines American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

Decision rationale: Ultrasound imaging (sonography) is a noninvasive technique used for visualizing internal body structures including tendons, muscles, joints, vessels and internal organs for possible pathology or lesions. It has been shown to be equally effective as MRI at identifying partial and full-thickness rotator cuff tears in this shoulder. Color doppler ultrasound can detect speed of movement and is used to identify blood flow or muscle movement abnormalities so will help when symptoms are of a vascular nature (arm edema, arm cyanosis, evidence of arm ischemia (pallor, paresthesias, claudication). Medical record review on this individual reveals signs and symptoms of shoulder impingement with a shoulder MRI performed 8 months ago showing a partial rotator cuff tear and a shoulder ultrasound performed 7 months ago which revealed an inflamed supraspinatus tendon. Conservative treatment to date has not resolved the symptoms, yet there has been no history of additional trauma or signs/symptoms that would indicate a change in the patient's anatomic findings from the prior imaging studies nor is there documentation that surgery is presently being considered by the requesting provider. Thus, repeating the shoulder ultrasound is not indicated. Medical necessity has not been established.