

Case Number:	CM15-0198257		
Date Assigned:	10/13/2015	Date of Injury:	11/02/2011
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, 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 70-year-old female, who sustained an industrial-work injury on 11-2-11. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of shoulder and psychogenic pain. Treatment to date has included pain medication including Norco, Diclofenac, Omeprazole, Morphine Sulfate, and Meloxicam, consultations, physical therapy, heat, injection, diagnostics, work restrictions and other modalities. The physician indicates that X-rays of the bilateral shoulders reveals right shoulder displayed moderate glenohumeral arthritis with joint space narrowing and superior wear. There is also acromioclavicular joint (AC) joint arthritis. On the left there is moderate glenohumeral arthritis with superior glenoid wear, and decreased acromiohumeral distance. The physician indicates that Magnetic Resonance Imaging (MRI) of the right shoulder dated December 2011 shows high grade partial tear of the supraspinatus. The Magnetic Resonance Imaging (MRI) of the left shoulder dated July 2014 shows full thickness rotator cuff tear with supraspinatus retracted to the level of the glenoid and high-riding humeral head. Medical records dated (5-13-15 to 9-9-15) indicate that the injured worker complains of bilateral shoulder pain. The injured worker reports more pain in the left than the right shoulder since falling June 15, 2015 at home. Per the treating physician report dated 9-9-15 the work status is restricted. The physical exam dated 9-8-15 reveals mild atrophy to the bilateral shoulders. The motion of the shoulders comparing right to left is as follows: active forward flexion 85-65 degrees, abduction is 75-60 degrees, external rotation 10-40 degrees, and external rotation at 90 degrees of abduction is 20-35 degrees. The physician indicates that due to physical exam findings and pain an updated Magnetic Resonance Imaging (MRI) and computerized axial tomography (CT scan) is recommended and needed due to potential operative discussions. The requested services included Magnetic Resonance Imaging

(MRI) without contrast of the bilateral shoulder QTY: 2.00 and computerized axial tomography (CT scan) scan without contrast, with 3D reconstruction of the left shoulder QTY: 1.00. Per the note dated 10/7/15 the patient had complaints of bilateral shoulder pain. The patient was recommended for bilateral shoulder surgery. Physical examination of the bilateral shoulder revealed limited range of motion. The patient's surgical history include knee surgery in 2009. Physical examination of the bilateral shoulder on 9/8/15 revealed positive neer and Hawkin's sign, numbness in left arm, subluxation on left with palpable posterior dislocation with shift and load test. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the bilateral shoulder QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/26/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI without contrast of the bilateral shoulder QTY: 2.00. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." 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 physician indicates that Magnetic Resonance Imaging (MRI) of the right shoulder dated December 2011 shows high grade partial tear of the supraspinatus. The Magnetic Resonance Imaging (MRI) of the left shoulder dated July 2014 shows full thickness rotator cuff tear with supraspinatus retracted to the level of the glenoid and high-riding humeral head. ACOEM/MTUS guidelines do not address a repeat shoulder MRI. Hence, ODG is used. Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The patient did not have evidence of severe or progressive neurologic deficits that were specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for MRI without contrast of the bilateral shoulder QTY: 2.00 is not fully established in this patient.

CT scan without contrast, with 3D reconstruction of the left shoulder QTY: 1.00:
Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Indications for Imaging, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/26/15) Computed tomography (CT).

Decision rationale: CT scan without contrast, with 3D reconstruction of the left shoulder QTY: 1.00. According to ACOEM guidelines cited below, 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)." In addition as per cited guidelines; "Indications for imaging; Computed tomography (CT): Suspected tears of labrum. Plain x-ray, then CT. Full thickness rotator cuff tear or SLAP tear (clinically obvious or suspected). Plain x-ray and ultrasound, then MRI or CT. Recurrent instability - CT arthrogram (Newberg, 2000). In proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray quality to establish a treatment plan." The physician indicates that X-rays of the left there is moderate glenohumeral arthritis with superior glenoid wear, and decreased acromiohumeral distance. The Magnetic Resonance Imaging (MRI) of the left shoulder dated July 2014 shows full thickness rotator cuff tear with supraspinatus retracted to the level of the glenoid and high-riding humeral head. Medical records dated (5-13-15 to 9-9-15) indicate that the injured worker complains of bilateral shoulder pain. The injured worker reports more pain in the left than the right shoulder since falling June 15, 2015 at home. The physical exam dated 9-8-15 reveals mild atrophy to the bilateral shoulders. The motion of the shoulders comparing right to left is as follows: active forward flexion 85-65 degrees, abduction is 75-60 degrees, external rotation 10-40 degrees, and external rotation at 90 degrees of abduction is 20-35 degrees. Physical examination of the bilateral shoulder on 9/8/15 revealed positive neer and Hawkin's sign, numbness in left arm, subluxation on left with palpable posterior dislocation with shift and load test. The patient had received an unspecified number of PT visits for this injury. The patient had pain in the shoulder with significant objective exam findings. Therefore CT scan without contrast, with 3D reconstruction of the left shoulder of the left shoulder is deemed medically necessary to evaluate the presence of any internal derangement within the shoulder joint that may need surgical intervention. The request for CT scan without contrast, with 3D reconstruction of the left shoulder QTY: 1.00 is medically necessary and appropriate for this patient at this time.