

Case Number:	CM15-0024314		
Date Assigned:	02/13/2015	Date of Injury:	04/12/1999
Decision Date:	12/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: Indiana, Michigan, 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 64 year old male who experienced a work related injury on April 12, 1999. Diagnoses include Adhesive capsulitis of the shoulder, rotator cuff sprain and strain, bilateral shoulder impingement syndrome and complete rupture of the rotator cuff. Diagnostics involved an MRI of the left shoulder on March 28, 2014 revealing a full thickness gap in the supraspinatus tendon. Treatment was comprised of physical therapy, a Home Exercise Program, medications and left shoulder arthroscopic surgery with rotator cuff repair on April 22, 2009, April 18, 2010 and November 17, 2010. Request is for an MRI of the left shoulder, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the left shoulder, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations>.

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

Decision rationale: The injured worker suffers from chronic left shoulder pain due to impingement syndrome requiring surgical intervention on three separate occasions with the most recent procedure completed on November 17, 2010. Chart review on December 19, 2014 indicates persistent pain involving the left shoulder that may be secondary to a re-tear of the rotator cuff. Conservative treatment involving home exercises and physical therapy were completed. On January 21, 2015 exam results are consistent with positive supraspinatus testing with an assessment of complete rupture of the rotator cuff. A request for an MRI of the left shoulder was made. MTUS Guidelines consider imaging when consistent symptoms have persisted for one month or more and when surgery is being considered for a specific anatomic defect such as a full-thickness rotator cuff tear not responsive to conservative treatment. These issues are present in document review and therefore the request for MRI of the left shoulder is medically necessary and appropriate.