Case Number:	CM15-0026984		
Date Assigned:	02/19/2015	**Date of Injury:**	07/31/2002
Decision Date:	04/06/2015	**UR Denial Date:**	02/06/2015
Priority:	Standard	**Application Received:**	02/12/2015

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: Internal 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 67 year old male with an industrial injury dated 07/31/2002 from cumulative trauma. His diagnoses include status post left shoulder rotator cuff tear, status post multiple left shoulder surgeries, left shoulder deficient rotator cuff and anterolateral deltoid with secondary pain, and right shoulder suspected rotator cuff tear. Recent diagnostic testing has included an x-ray of the left shoulder (no date) showing evidence of prior subacromial decompression and distal clavicle undersurface excision. Previous treatments have included conservation care, medications, acupuncture, chiropractic treatments, and 4 surgeries to the left shoulder. In a progress note dated 01/26/2015, the treating physician reports constant left shoulder pain and weakness with abduction and external rotation. The objective examination revealed restricted range of motion in the left shoulder, pain with impingement testing, and weakness on the supraspinatus and anterior deltoid testing. The treating physician is requesting MRI of the left shoulder which was denied by the utilization review. On 02/06/2015, Utilization Review non-certified a request for a MRI of the left shoulder, noting that there was no material change in the clinical circumstance as it relates to the left shoulder. The MTUS Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015 online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 212-214.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicated that MRI for preoperative evaluation of rotator cuff tears is recommended. Criteria for ordering imaging studies include clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment). Anatomic definition by means of imaging is commonly required to guide surgery or other procedures. Imaging may be considered when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear), and to further evaluate the possibility of potentially serious pathology. The orthopedic surgeon consultation report dated January 26, 2015 documented a evaluation of the left shoulder. The patient reported that the left shoulder was painful constantly. The patient sustained an injury in 1999. He had initial surgery in 2001. He had a second surgery in 2003. He had a third surgery in 2005. In 2012 he had a fourth surgery. The patient had persistent pain after his final surgery. MRI magnetic resonance imaging on March 23, 2012 demonstrated postsurgical changes, status post subacromial decompression, undersurface debridement of the anterolateral clavicle, full thickness tear of the supraspinatus and infraspinatus, and dramatic atrophy about the supraspinatus and somewhat about the infraspinatus. There were concerns that the anterolateral deltoid did not heal well to the acromion. Physical examination was documented. Left shoulder has healed anterolateral incisions. Passive forward flexion is 165. Extension is 40. Passive external rotation is 40 degrees. Abduction at 90 allows 90 degrees of external rotation and 35 degrees of internal rotation. He has pain with impingement testing, which recreates the location of his symptoms. He has weakness on supraspinatus and anterior deltoid testing. Examination of the right shoulder finds passive forward flexion 175. Abduction at 90 allows 90 degrees of external rotation and 65 degrees of internal rotation. He has good strength on manual testing about his rotator cuff, although he has pain with impingement testing and with aggressive supraspinatus testing. X-ray examination of left shoulder had evidence of a prior subacromial decompression and distal clavicle undersurface excision. Diagnoses were status post left shoulder rotator cuff tear, status post multiple left shoulder surgeries, and left shoulder deficient rotator cuff and anterolateral deltoid with secondary pain. The orthopedic surgeon noted that there was chronic atrophy about the rotator cuff musculature and concerns of loss of anterolateral deltoid function. The patient may be a candidate for a reverse shoulder prosthesis. MTUS and ACOEM guidelines support the use of MRI when surgery is being considered. The orthopedic surgeon indicated that the patient may be a candidate for a reverse shoulder prosthesis surgery. Therefore, the request for shoulder MRI is supported by MTUS and ACOEM guidelines. Therefore, the request for left shoulder MRI is medically necessary.