

Case Number:	CM14-0160072		
Date Assigned:	10/03/2014	Date of Injury:	07/25/2013
Decision Date:	11/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male who reported an injury on 07/25/2013 due to a motor vehicle rollover accident. His diagnoses include sprain/strain of the back, thoracolumbar radiculopathy, and a rotator cuff syndrome. The submitted documentation did not include any past treatments for the left shoulder. Pertinent diagnostics for the left shoulder was not available. On 09/17/2014, the injured worker complained of constant pain, a dull ache in arms, weakness, and a loss of movement in his shoulder. On physical examination of the left shoulder, the treating physician noted decreased range of motion, tenderness to palpation over the supraspinatus tendon insertion, 4+/5 motor strength, a positive Hawkin's test, O'Brien's test, and Speed's test. His medications included Gabapentin, Naprosyn and Topamax. The treatment plan was for a MRI arthrogram of the left shoulder to determine whether he had a rotator cuff tear or labral tear. A Request for Authorization was submitted on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI anthrogram of the left shoulder, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207.

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

Decision rationale: The request for a magnetic resonance image (MRI) arthrogram of the left shoulder is not medically necessary. The injured worker complained of persistent pain, dull aches and a decrease of movement in his left shoulder on 09/17/2014. The California MTUS/ACOEM Guidelines state that imaging studies are not recommended unless a 4-6 week trial of conservative treatment has failed. The guidelines also state the criteria for imaging studies include the emergence of red flags, physiologic evidence of tissue insult, performance in a strengthening program has failed to prevent surgery, and used to verify and clarify a joint prior to surgery. More specifically, the Official Disability Guidelines state that MR arthrography may be supported as an option to detect labral tears or for suspected re-tear post-op rotator cuff repair. Upon physical exam, it was noted that the injured worker had findings suggestive of internal derangement in the left shoulder, including a positive O'Brien's test which may indicate a labral tear. However, he was not shown to have had a previous rotator cuff repair in the left shoulder. The injured worker also lacks evidence of red flags, a planned invasive procedure, and failed conservative treatment, including physical therapy, for the left shoulder. Therefore, despite physical examination findings suggestive of a possible labral tear, in the absence of documentation showing the failure of an adequate course of conservative care, the request is not supported. As such, the request is not medically necessary.