

Case Number:	CM14-0210233		
Date Assigned:	12/23/2014	Date of Injury:	07/08/2011
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 patient is a 51-year-old with a reported injury date of 07/08/2011-07/08/2012. The patient has the diagnoses of left shoulder bursitis, left shoulder complete rupture of rotator cuff and left shoulder impingement syndrome. Per the progress reports provided for review from the primary treating physician dated 10/13/2014, the patient had complaints of constant left shoulder pain and radiation to the left hand. The injury occurred as a result of cumulative trauma from routine work activity performing duties as a carpenter. Previously the patient had undergone right shoulder surgery on 10/12/2012. The physical exam noted tenderness in the left shoulder over the deltoid complex, Neer and Hawkins tests were positive, decreased muscle strength rated a 3/5, pain with range of motion and decreased range of motion. The treatment plan recommendations included a request for a new 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary 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) per the progress notes the patient's physical exam notes shoulder weakness. The patient does have the diagnoses of rotator cuff tear. The patient has failed conservative therapy in the form of physical therapy. Therefore, criteria set forth above per the ACOEM for shoulder imaging studies have been met and the request is medically necessary.