

Case Number:	CM14-0217705		
Date Assigned:	01/07/2015	Date of Injury:	07/01/2003
Decision Date:	03/05/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Physical Medicine & Rehabilitation

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 65 year old female with a reported industrial injury on July 1, 2003, where she was noted to have tripped over another coworkers cane and fell landing on her right shoulder, hitting the back side of her head with loss of consciousness. The injured worker was seen on November 11, 2014, for an initial orthopedic consultation. The presenting complaints included constant pain in the right shoulder she cannot lift her arm more than a few inches, inflammation and swelling along with a burning pain which radiates up the right side of her neck and behind her ear and down to her forearm. The pain is noted to be decreased after she cracks her neck and uses a stimulation unit and exercises. The pain increases if she lifts her arm, pushes or pulls. Also reported is if she grabs something with her right hand she has to use her left hand to hold the right hand up. The injured worker reports she can only lift or carry light objects and only perform light activity, she has difficulty sitting thirty minutes to an hour and with gripping, grasping, holding and manipulating objects with her hands, has a lot difficulty sitting for two hours with pushing and pulling activities and with repetitive motions such as typing on a computer she is unable to reach and grasp something of a shelf at eye level and overhead or do forceful activities with her arms and hands. Her sleep is moderately disturbed since the injury and the pain is moderate most of the time. The physical exam revealed decreased range of motion and weakness to external rotation and a Hornblower's sign on the right. The diagnostic studies have included Magnetic resonance imaging (MRI) of the right shoulder revealing the acromion is type I-II with moderate proliferative changes seen in the acromioclavicular joint, there is decreased subacromial space seen due to recurrent full thickness tear seen at the

supraspinatus tendon with medial retraction and atrophy of the tendon itself, there is a focal area of increased signal intensity in the superior and outer portion of the humeral head measuring 0.4 cm representing subchondral bony bruise, but now osteochondral defect or trabecular fracture is present, mild amount of fluid seen in the glenohumeral joint, tracking into the subcoracoid bursa, extending to the subacromial space confirming rotator cuff tear, mild amount of fluid seen in the biceps tendon sheath consistent with tenosynovitis changes with no evidence for tear or SLAP type in injury detected. The MRI was done on October 17, 2014. The medical treatment is two previous right shoulder surgeries, physical therapy after surgery. Diagnose is right chronic rotator cuff tear with early rotator cuff arthropathy. The treatment plan states the injured worker is not a surgical candidate for a surgical reconstruction of the right rotator cuff and the only option would be to have a surgical procedure to reverse shoulder arthroplasty, get updated MRI of the right shoulder and a computed tomography (CT) scan of right shoulder with 3D reconstruction. On December 9, 2014, the provider requested MRI of right shoulder and CT scan of right shoulder with 3D reconstruction, on December 10, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines and American College of Occupational, Official Disability Guidelines (ODG) and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Shoulder chapter, MRI

Decision rationale: This patient presents with right shoulder pain. The treater has asked for 1 MRI OF THE RIGHT SHOULDER on 11/11/14. The patient is considering a reverse shoulder arthroplasty in an in-patient setting, and will require a new MRI and a CT scan for preoperative templating per 11/11/14 report. The patient had a prior MRI of the right shoulder on 10/17/14 that shows Decreased subacromial space seen due to recurrent full thickness tear seen at the supraspinatus tendon with medial retraction and atrophy of the tendon itself. Medial retraction is 2.2cm. Mild amount of fluid seen in the glenohumeral joint, as well as in the biceps tendon sheath consistent with tenosynovitis changes. No fracture, dislocation or subluxation. No bone marrow edema or abnormal bony signal within the humeral head itself is present. No hill sachs deformity or bankart lesion. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, the patient had an injury to the shoulder, and an MRI would be indicated for a suspected rotator cuff tear. The treater has requested a repeat MRI for pre-operative planning but the patient just had a right shoulder MRI a

month ago. The treater does not explain why another MRI would be needed so soon. The request IS NOT medically necessary.

1 CT SCAN OF THE RIGHT SHOULDER WITH 3D RECONSTRUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Acute and Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Shoulder chapter, CT arthrography

Decision rationale: This patient presents with right shoulder pain. The treater has asked for 1 CT SCAN OF THE RIGHT SHOULDER WITH 3D RECONSTRUCTION on 11/11/14. The patient is considering a reverse shoulder arthroplasty in an in-patient setting, and will require a new MRI and a CT scan for preoperative templating per 11/11/14 report. Review of the reports do not show any evidence of CT scan of the shoulder being done in the past. Regarding CT scans of the shoulder, ODG states: "Not recommended except when MRI or MR arthrography are not available or contraindicated. In addition, CT shoulder arthrography may be superior to MRI or MRA in the evaluation of the rotator cuff after a previous shoulder arthroplasty, and for evaluating loosening around implants. CT arthrography is generally a good alternative in patients who have a contraindication to MRI/MRA, and CTR is primarily useful as a bailout for MR arthrography. Some examples include: Patient scheduled for MRA, injected, but then cannot tolerate the magnet due to claustrophobia; Patient requiring multi planar cross sectional imaging of a joint with arthrogram effect, but with contraindications to MR scanning; Evaluation of the postoperative joint with significant intra-articular metal (for instance, suture anchors in the shoulder)." In this case, the patient has chronic shoulder pain. The treater has requested a CT scan of the right shoulder for pre-operative planning. ODG states that a CT scan is indicated when an MRI is not available or contraindicated, but the patient had a right shoulder MRI without significant findings just a month ago. The patient has not had a prior shoulder surgery. The treater does not explain the necessity for a CT scan. The request IS NOT medically necessary.