

Case Number:	CM15-0173725		
Date Assigned:	09/15/2015	Date of Injury:	03/23/2010
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial injury on 03-23-2010. Treatment to date has included medications, physical therapy, chiropractic care and surgery. According to a progress report dated 04-14-2015, the injured worker reported persistent pain in the neck and lower back that was rated 8 on a scale of 1-10. Left shoulder pain was rated 9 and was worsening. Right shoulder pain was rated 5. Right ankle pain was rated 8. The injured worker had stopped taking Tramadol. He was getting all of his medications from his private doctor due to other comorbidities. He was currently not working. Examination of the left shoulder revealed decreased range of motion. There was tenderness to the acromioclavicular joint and supraspinatus region. There was positive Neer's impingement and positive Hawkin's impingement. There was decreased range of motion in all planes secondary to pain with decreased strength at 4 out of 5 with flexion and extension. Diagnoses included left shoulder partial rotator cuff tear, left shoulder subacromial impingement and rotator cuff syndrome, lumbar disc herniation and right ankle sprain strain. The provider requested MRI of the left shoulder with contrast to rule out recurrent tears or internal derangement. An appointment was made with a surgeon for 04-29-2015. Work status included modified work. A four-week follow up was recommended. An authorization request dated 04-14-2015 was submitted for review. The requested services included MRI of the left shoulder with contrast. According to the neurosurgical report dated 04-29-2015, the injured worker had a MRI of the cervical spine from 2010 that showed no significant cervical spine pathology. In regard to his low back pain, the provider noted that his MRI did not show any diagnostic and clearly significant pathology. There

was no discussion of previous imaging of the shoulder in the 04-29-2015 report. Radiological reports were not submitted for review. On 08/18/2015, Utilization Review non-certified the request for an MRI of the left shoulder with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the injured worker is diagnosed with left shoulder partial rotator cuff tear, left shoulder subacromial impingement and rotator cuff syndrome. There is no evidence that an x-ray of the shoulder has been performed prior to this request for MRI. The most recent exam is three months prior to this request, so the injured worker's current clinical presentation is not provided to establish medical necessity at the time of this request. The request for MRI left shoulder with contrast is not medically necessary.