

Case Number:	CM15-0042711		
Date Assigned:	03/12/2015	Date of Injury:	04/10/2011
Decision Date:	05/11/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 (IW) is a 69-year-old male who sustained an industrial injury on 04/10/2011. The right shoulder was affected. Diagnoses include left lateral epicondylitis; right shoulder status post rotator cuff tear and right shoulder biceps tear. Treatment to date has included medications, elbow and shoulder injections, TENS, physical therapy, splinting, home exercise program and surgery. MRIs of the right shoulder and a left shoulder x-ray was performed. According to the progress notes dated 1/2/15, the IW reported bilateral shoulder pain. The requested service was part of the provider's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2012 and Official Disability Guidelines (ODG) Shoulder Section: MRI.

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

Decision rationale: The patient presents with pain and weakness in his shoulder and upper extremity. The patient is s/p right shoulder surgeries in 2003, 2012 and 2013. The request is for MRI of the left shoulder without contrast. Per 01/02/15 progress report, the patient has had a PRP injection to the lateral epicondylitis in the past. Examination of the left shoulder shows slight tenderness over bicipital groove and great tuberosity. Abduction is 90 degrees, adduction is 40 degrees, flexion is 120 degrees and internal/external rotation is 40 degrees. Impingement test is positive. Left shoulder A/P lateral radiograph demonstrates normal boney anatomy. There is AC joint arthritis and centered humeral head. The treater states that work statue is TTD. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. ODG guidelines, <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>, do not support it unless there is a suspicion for internal derangement. In this case, the review of the reports does not show that the patient has had a MRI of the left shoulder in the past. The treater requested "MRI of the left shoulder because the patient has had compensatory pain in his left shoulder from favoring his left recalcitrant lateral epicondylitis." The patient has persistent pain with exam showing positive impingement. It appears that the patient has failed conservative care as well. ODG supports an MRI to rule out rotator cuff and labral tear issues and the request appears reasonable. The request is medically necessary.