

Case Number:	CM15-0066664		
Date Assigned:	04/14/2015	Date of Injury:	02/24/2003
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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:

This 75 year old male sustained an industrial injury to the left shoulder and back on 2/20/03. The injured worker was diagnosed with left rotator cuff repair. The injured worker underwent surgical repair but was found to have evidence of a right elbow-tear of rotator cuff repair postoperatively. In December 2013, the injured worker underwent complex shoulder surgery for repair of the re-tear of the left supraspinatus tendon with massive retraction and atrophy. The injured worker had a repeat shoulder magnetic resonance imaging on 9/26/14. In a supplemental report dated 10/8/14, the physician indicated that the orthopedic agreed medical evaluator stated that the injured worker was demonstrating a probable recurrent tear. The orthopedic physician was requesting a final magnetic resonance imaging of the shoulder prior to completion of the maximum medical improvement report. Current diagnoses included severe lumbar spinal stenosis and re-tear of left supraspinatus tendon with retraction and atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with chronic left shoulder pain. The request is for an MRI OF THE LEFT SHOULDER. The provided RFA is dated 02/27/15 and the patient's date of injury is 02/24/03. The patient was diagnosed with left rotator cuff repair, severe lumbar spinal stenosis and re-tear of left supraspinatus tendon with retraction and atrophy. In December 2013, the injured worker underwent complex shoulder surgery for repair of the re-tear of the left supraspinatus tendon with massive retraction and atrophy. Per 10/08/14 report, treater states, "since the surgery in 2013, the patient has done poorly and range of motion is frozen." Per 11/13/14 report, physical examination of the left shoulder, revealed a well-healed scar. There is limited range of motion with painful passive forward flex 166 degrees. In a supplemental AME report dated 12/19/14, the agreed medical evaluator stated that the injured worker was demonstrating a probable recurrent tear. Treater states in the 10/08/14 report, the patient has been doing his shoulder exercises and has noticed little improvement with left shoulder extension, per 10/08/14 report. The patient is permanent and stationary. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per 10/08/14 report, treater requests for a repeat MRI and states, "The patient has failed surgical intervention... and he continues with findings of rotator cuff arthropathy. He appears to be a candidate for reverse hemiarthroplasty." This is a retrospective request for the repeat MRI of the left shoulder that was completed on 09/26/14. It is unknown when the first MRI was performed and what the findings were. ODG Guidelines under shoulder chapter support MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, it was suspected the patient had a recurrent tear in the left shoulder and in fact, the MRI revealed "a chronic extensive full thickness tear of the entire infraspinatus and most of the supraspinatus tendon only sparing its most anterior portion..." Furthermore, given the patient's failed surgical intervention and ongoing pain, the MRI appears to have been within ODG guidelines. The requested MRI of the left shoulder WAS/IS medically necessary.