

Case Number:	CM15-0091844		
Date Assigned:	05/18/2015	Date of Injury:	04/03/2015
Decision Date:	06/22/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 75-year-old male, with a reported date of injury of 04/03/2015. The diagnoses include left shoulder pain, left shoulder strain; status post left shoulder open rotator cuff repair, and status post left shoulder arthroscopy. Treatments to date have included left shoulder surgeries, and an x-ray of the left shoulder, which showed degenerative changes at his acromioclavicular joint. The medical report dated 04/14/2015 indicates that the injured worker complained of pain and discomfort in the left shoulder. He rated his pain 8 out of 10. The physical examination of the left shoulder showed a 5 centimeter surgical scar along the anterior aspect of the left shoulder, decreased range of motion with pain, positive supraspinatus test, positive impingement test, tenderness along the biceps long head tendon, positive Speed test, negative infraspinatus test, and negative subscapularis test. The treating physician requested an MRI of the left shoulder without contrast for further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 75 year old patient complains of pain and discomfort in left shoulder, rated at 8/10, as per progress report dated 04/14/15. The request is for MRI of the left shoulder without contrast. The RFA for the case is dated 04/14/15, and the patient's date of injury is 04/03/15. The patient is status post right shoulder rotator cuff repair in 2003, left shoulder rotator cuff repair in 2007, and left shoulder arthroscopy in 2006, as per progress report dated 04/14/15. Diagnoses included left shoulder rotator cuff re-tear, subacromial impingement, and biceps tear. The patient has been allowed to work with restrictions, as per the same progress report. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4.) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, the request for MRI of the left shoulder is noted in progress report dated 04/14/15. The patient is status post left shoulder rotator cuff repair in 2007, and was injured again on 04/03/15. Diagnostic impression, as per 04/14/15 progress report, included left shoulder rotator cuff re-tear. X-ray of the left shoulder, dated 04/03/14, revealed metal anchors in lateral humeral head along with degenerative changes in the AC joint. Given the recent injury and emergence of new symptoms along with suspicion of rotator cuff tear, an MRI of the left shoulder appears reasonable and is medically necessary.