

Case Number:	CM15-0093287		
Date Assigned:	05/20/2015	Date of Injury:	12/18/2013
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/15/2015

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: Internal 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 56 year old female, who sustained an industrial injury on 12/18/2013. She reported injuring her right shoulder. Diagnoses have included right shoulder status post debridement of calcific deposit, rotator cuff repair and moderate arthrofibrosis and left shoulder impingement syndrome. Treatment to date has included injections, right shoulder surgery, physical therapy and medication. According to the progress report dated 4/9/2015, the injured worker complained of right shoulder pain with movement. She was six months post-op from right shoulder surgery. She continued to have difficulty with activities of daily living, painful range of motion overhead as well as lifting. She also complained of left shoulder pain for which she had completed six sessions of physical therapy. Exam of the right shoulder showed painful range of motion. Subacromial and acromioclavicular joint spaces were tender to palpation. Impingement signs were grossly positive. The injured worker was to remain on light duty. Authorization was requested for magnetic resonance imaging (MRI) of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - (MRI) magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI). Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. The physician progress report dated March 12, 2015 documented an examination of the left shoulder. On examination of the left upper extremity, she does exhibit near full range of motion of forward flexion and abduction to approximately 150 degrees, external rotation to approximately 40 degrees. She does have 1 to 2+ positive impingement sign, 4-/5 strength in resisted movement, no gross instability and she is neurovascularly intact. Diagnosis was left shoulder impingement. As she has not had any treatment thus far in her left shoulder, the physician would like to initiate conservative measures with physical therapy. The operative report dated 10/21/14 documented the performance of right shoulder arthroscopy with arthroscopic rotator cuff repair, arthroscopic debridement of calcific deposit, and arthroscopic subacromial decompression. The physician progress report dated March 12, 2015 documented an examination of the left shoulder. On examination of the left upper extremity, she does exhibit near full range of motion of forward flexion and abduction to approximately 150 degrees, external rotation to approximately 40 degrees. The physician progress report 4/9/15 documented that examination of the right shoulder shows painful range of motion with forward flexion up to 150 degrees, subacromial and acromioclavicular joint spaces are tender to palpation. Range of motion, forward flexion 120 degrees for the right shoulder, external rotation 50 degrees, extension 30 degrees, internal rotation 20 degrees. Impingement signs are grossly positive. Strength is 4/5. Abduction and adduction range of motion was not documented. Physical examination of the left shoulder was not documented. Details of post-operative physical therapy treatments and impact were not documented. Plain radiographs X-ray results of the shoulders were not documented. The patient has completed six sessions of physical therapy. Official Disability Guidelines (ODG) recommend 10 visits for rotator cuff syndrome. The patient has completed 6 visits of physical therapy. Because the patient has completed only 6 visits of

recommended physical therapy. Failure of conservative treatment cannot be declared, and the request for MRI is not supported. Per MTUS & ACOEM, routine MRI without surgical indications is not recommended. Surgical considerations for the left shoulder were not discussed. The 4/9/15 physician progress report did not document physical examination of the left shoulder. Without a documented physical examination of the left shoulder, the request for MRI magnetic resonance imaging of the left shoulder is not supported. Therefore, the request for MRI magnetic resonance imaging of the left shoulder is not medically necessary.