

Case Number:	CM13-0002268		
Date Assigned:	06/04/2014	Date of Injury:	12/02/2009
Decision Date:	08/05/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 64 year-old male with date of injury 12/02/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/21/2013, lists subjective complaints as pain in the left shoulder which radiates into the left shoulder and arm. Patient underwent a left shoulder subacromial decompression and debridement on 11/26/2012. Objective findings: Examination of the left shoulder revealed increased tone with associated tenderness about the acromioclavicular joint and rotator cuff. No trigger point, but some muscle guarding. Range of motion was moderately decreased in all planes. Impingement test was positive. Diagnoses: 1. Work related trip and fall. 2. Cervical myofascial strain. 3. Left shoulder strain, status post left shoulder arthroscopy with residuals. 4. Left knee strain/sprain. Patient has had two subacromial steroid injections dated 01/18/2012 and 03/28/2012; and an AC joint injection dated 05/08/2013. Patient reported the injections were of no benefit, but the physical therapy was helping with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arthrography Shoulder, Shoulder (Acute & Chronic).

Decision rationale: According to the Official Disability Guidelines, shoulder arthrography is recommended as listed below. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. The medical record does not provide documentation that the injured worker has reinjured the rotator cuff or sustained a labral tear.