

Case Number:	CM13-0013701		
Date Assigned:	12/11/2013	Date of Injury:	09/13/2005
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California, Texas, and Wisconsin. 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:

52 year old female with DOI 9/13/2005 who was s/p right shoulder arthroscopy, synovectomy, Mumford procedure and subacromial decompression. Postoperative, patient continued to have persistent pain. Patient also had pain in the right upper extremity. She had completed the HELP program. On 8/5/13, right shoulder exam showed restrictive ROM. On 5/3/13 exam: Right Shoulder: on inspection, there is normal muscle bulk, symmetry with the contralateral shoulder. Shoulder motion is smooth. No discoloration, abrasions appreciated. Clavicle appears normal. Trapezoid appears round and normal. No pain or tenderness to palpation of the clavicle, coracoids proves, or acromioclavicular articulation. Palpation of bicipital groove and greater tuberosity is normal. Patient's spine and scapula is normal. Passive range of motion/abduction is greater than 170 degrees, adduction great than 40 degrees. Flexion greater than 90 degrees, adduction greater than 45 degrees. Internal rotation greater than TS. External rotation greater than 40 degrees. Motor exam 5/5 in shoulder. No evidence of scapular winging. Negative Yergason test. Equivocal drop-arm test. Negative impingement test. Negative cross-arm abduction test. Positive apprehension test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: ACOEM: Chapter 9: page 208: Anatomic definition by means of imaging is commonly required to guide surgery or other procedures. A discussion with a specialist on selecting the most clinically valuable study can often help the primary care physician avoid duplication. Table 9-5 compares the abilities of different imaging techniques to identify physiologic insult and define anatomic defects. Selecting an imaging test takes into consideration any patient allergies to contrast materials (used in arthrography or contrast computer tomography [CT]), or concerns about claustrophobia (sometimes a problem in patients undergoing MRI), and costs. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The Physician Reviewer's decision rationale: This patient continued to have persistent pain in the shoulder with limited ROM after extensive shoulder arthroscopy. It is reasonable this patient being considered for another arthroscopy. Therefore further imaging with MRI with arthrogram is reasonable.