

Case Number:	CM13-0016264		
Date Assigned:	11/06/2013	Date of Injury:	03/25/2013
Decision Date:	05/07/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice, has a subspecialty in Pain 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:

This 34 yr. old female claimant sustained a work injury on 3/27/14 resulting in shoulder and neck pain. An MRI of the cervical spine on 7/11/13 indicated cervical central disc protrusion at multiple levels and disc degeneration. A nerve conduction study on 7/25/13 indicated abnormal nerve conduction of the right upper extremity and an abnormal EMG study consistent with right carpal tunnel and C5-C6 radiculopathy. According to a prior UR review, an x-ray of the right shoulder on 6/12/13 was normal. She had injections for prior shoulder pain and impingement findings. An MRI showed tendonitis of the bicipital groove. A request was made on 7/10/13 for an MRI Arthrogram to further evaluate the shoulder symptoms.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-214.

Decision rationale: According to the ACOEM guidelines, an Arthrogram is optional for pre-operative evaluation of full thickness tears. Table 9-5 indicated its appropriateness for rotator

cuff tear. The documentation did not indicate any concern for rotator cuff tear in examination or prior MRI. There was no mention of surgical planning. An MRI Arthrogram is not medically necessary.