MAXIMUS Federal Services

Case Number:	CM13-0047160		
Date Assigned:	12/27/2013	Date of Injury:	11/02/1998
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery 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 50-year-old male sustained an injury on 11/02/98 and the medical records provided for review documented concern over a right shoulder pain. The claimant was documented to be status post a previous right shoulder surgery. A brief office note dated 10/08/13 documented increased right shoulder pain. An MRI arthrogram of the right shoulder was recommended. No physical examination was provided on review of the office note. A primary treating physician progress report dated 08/27/13 documented no change in the examination. No history of shoulder pain was provided. In review of the other medical records provided, there was some mention of right shoulder pain in a 07/19/13 progress note authored by [redacted]. Examination that day documented 5/5 motor power bilaterally in the shoulder abductors and right shoulder examination demonstrated full range of motion with no signs of impingement. There was diffuse tenderness overlying the deltoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: MRI arthrogram of the right shoulder cannot be certified in this case based upon the CA MTUS ACOEM 2004 Guidelines. ACOEM Guidelines support the use of an MRI arthrogram after there is failure to progress in a strengthening program when attempting to avoid surgery, and when there is concern over a specific anatomic defect, such as a full thickness rotator cuff tear. In this case, this claimant has undergone shoulder surgery previously. Records provided document minimal in the way of shoulder complaints or physical examination findings of a right shoulder problem. No conservative treatment for a right shoulder condition has been documented. Absent appropriate documentation of a symptomatic shoulder problem and failure of conservative care, an MRI arthrogram cannot be certified in this case based upon the ACOEM Guidelines.