MAXIMUS Federal Services

Case Number:	CM13-0058779		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2010
Decision Date:	04/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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:

The patient is a 55 year old female who was injured on 07/07/2010 while helping a patient move up in bed. Prior treatment history has included physical therapy, home exercise program, epidurals and medications as needed. The patient underwent a right rotator cuff revision surgery on 06/05/2013. The surgery was followed by 8 weeks of physical therapy, which she stated was non beneficial and caused swelling and aggravation in her right shoulder. The patient underwent a right shoulder rotator cuff repair on 11/10/2011. The patient underwent a right shoulder rotator cuff repair on 06/05/2013. The patient underwent a right shoulder revision arthroscopy rotator cuff and subacromial decompression on 05/09/2012. On 04/04/2011, the patient underwent an anterior cervical discectomy with artificial disc placement at C4-5 and C6-7. Medications included: 10/28/2013 Motrin 10/28/2013 Vicodin 10/28/2013 Menthol patches 10/28/2013 Toprol 10/28/2013 Univasc 10/28/2013 Lipitor MRI studies of her right shoulder revealed she had a re-tear in her right shoulder rotator cuff. Arthrography of the right shoulder performed 12/20/2012 indicated a full thickness tear of the supraspinatus tendon and a screw fixation of the humeral head which is an incorrect finding. There was an anchor suture in the humeral head. PR-2 report dated 11/19/2013 documented [redacted] ordered an arthrogram and once the arthrogram had been completed, he would determine what further treatment was needed. Objective findings on exam revealed upper extremity evaluation showed sensory evaluation to be WNL. Deep tendon reflexes were 2+ bilaterally. PR-2 report dated 11/15/2013 documented the patient to have complaints of pain and limited range of motion. Objective findings on exam revealed right shoulder ROM flex at 160 degrees, abduction 60 degrees, and ER 40 degrees. Ortho report dated 10/28/2013 documented the patient with complaints of muscle spasms and achy pain in the back, right side of her neck and trapezius area that comes and goes. She rated her neck pain at 5/10. She complained of tightening and spasms in the top of her right shoulder

that comes and goes. She reported weakness in her right arm as well. She rated her right shoulder pain at 5-6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder with arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

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

Decision rationale: The patient is post-op right shoulder rotator cuff repair x3 with interval pop and suspected repeat tear. However, according to the available records, there has been no interval change in examination, and examination does not suggest a repeat tear. Therefore, medical necessity has not been established. Right shoulder MRI arthrogram is non-certified.