

Case Number:	CM13-0060325		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2009
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 claimant, a 36-year-old, sustained an injury to the right shoulder in a June 8, 2009, work-related accident. The claimant underwent shoulder surgery in September 2011. A September 26, 2013, follow-up report documented ongoing complaints of right shoulder pain with clicking and weakness. Physical examination findings showed restricted range of motion in all planes with pain at end points. The claimant reported pain with cross arm adduction; physical examination findings further showed positive impingement, crepitation and tenderness over the acromioclavicular joint. The records available for review contained no documentation of post-operative imaging. The claimant was diagnosed as status post arthroscopic intervention with postoperative adhesive capsulitis. This request is for an MR arthrogram of the shoulder to facilitate further diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM FOR RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines supports the role of imaging in this case. The claimant was shown to have significantly diminished motion to the shoulder with positive inflammatory findings more than two years post-operatively. The records available for review reference no post-operative imaging. The request for an MR Arthrogram for the right shoulder is medically necessary and appropriate.