

Case Number:	CM14-0000299		
Date Assigned:	01/10/2014	Date of Injury:	09/25/2011
Decision Date:	04/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 57-year-old female bakery worker sustained a right shoulder cumulative trauma injury relative to hand stacking tortillas, date of injury 9/25/11. The patient underwent right shoulder rotator cuff repair on 7/12/12, and attended post-operative physical therapy. She returned to work, but her condition worsened. The patient last worked on 3/11/13 because work restrictions could not be accommodated. The 7/24/13 left shoulder MRI showed acromioclavicular osteoarthritis, subacromial subdeltoid bursitis; supraspinatus tendinitis; and infraspinatus tendinitis. The 9/23/13 electrodiagnostic study reported a normal cervical spine. An upper extremity electromyography (EMG) and nerve conduction velocity (NCV) evidenced findings of mild right carpal tunnel syndrome. Conservative treatment for the right shoulder (since 3/11/13) included physical therapy, massage, extracorporeal shockwave therapy, acupuncture, TENS/EMS unit, and topical medications. The 12/14/13 initial treating physician report indicated the patient had constant 8/10 right shoulder pain radiating to her neck, arm, and fingers with numbness, tingling, and cramping, throbbing, aching, and sharp pain. Right shoulder weakness was reported. Functional difficulty was noted in shoulder motion, turning side-to-side, lying down, pushing and pulling, carrying, and lifting. The current medications included cyclobenzaprine, omeprazole, and naproxen. The exam findings documented right shoulder flexion 40 degrees, abduction 25 degrees, internal rotation 65 degrees, and external rotation 55 degrees. Deep tendon reflexes were 2+/4 bilaterally and 4/5 weakness was noted in right shoulder abduction, flexion and external rotation. The diagnosis was adhesive capsulitis and status post right shoulder arthroscopy and possible acromioplasty. The treatment plan included initial laboratory analysis, urine drug screen, right shoulder x-ray, and continuation of current medications. An MR arthrogram of the right shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance (MR) Arthrogram of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MR Arthrogram

Decision rationale: The request under consideration is for MR arthrogram of the right shoulder. The Official Disability Guidelines recommend MR arthrogram of the shoulder as an option for suspected re-tear post-op rotator cuff repair. This patient is status post prior rotator cuff repair with persistent right shoulder pain, significant range of motion loss, rotator cuff weakness, and functional disability despite comprehensive conservative treatment. The Guideline criteria have been met. Therefore, this request for MR arthrogram of the right shoulder is medically necessary.