

Case Number:	CM14-0000709		
Date Assigned:	01/22/2014	Date of Injury:	02/13/2013
Decision Date:	06/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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 applicant has filed a claim for shoulder pain reportedly associated with an industrial injury of February 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy on May 28, 2013; and unspecified amounts of physical therapy. In a November 15, 2013 progress note, the applicant was described as having persistent shoulder pain complaints. The applicant was placed on modified duty work. The applicant still exhibited painful range of motion about the shoulder status post earlier rotator cuff repair surgery on May 28, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES 2ND EDITION 2008, SHOULDER COMPLAINTS, 561-563 Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, MR Arthrogram.

Decision rationale: The MTUS does not address the topic of MR arthrography. However, as noted in the Third Edition ACOEM Guidelines, MR arthrography is recommended for diagnosing articular sided partially thickness rotator cuff tears, subscapular tears, and labral tears in select individuals with subacute or chronic shoulder pain. In this case, the claimant does have chronic shoulder pain following earlier failed rotator cuff repair surgery in May 2013. A repeat tear versus a labral tear is apparently suspected here. MR arthrography to clearly delineate the extent of the same is indicated and appropriate. It is further noted that the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, while not specifically addressing the topic of MR arthrography, do note that the primary criteria for ordering imaging studies include evidence of failure to progress in a strengthening program intended to avoid surgery. In this case, the applicant has tried and failed extensive postoperative rehabilitation following earlier rotator cuff repair surgery in May 2013. MR arthrography to clearly delineate the presence or absence of any residual internal derangement is therefore indicated. Accordingly, the request is medically necessary, for all the stated reasons.