MAXIMUS Federal Services

Case Number:	CM14-0003524		
Date Assigned:	01/31/2014	Date of Injury:	02/26/2011
Decision Date:	06/26/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date of 02/26/11. Based on the 03/26/13 progress report provided by [redacted] the patient complains of sharp pain in his right shoulder that occurs all the time. There is localized tenderness noted on the right shoulder, greater tuberosity, subacromial bursa, and rotator cuff muscles. Both the Neer test and the Hawkins test are positive on the right. Range of motion of the right shoulder is decreased. The patient's diagnoses include the following: 1.Status post right shoulder arthroscopy with rotator cuff repair, recurrent rotator cuff tear 2.Right cubital tunnel syndrome The 11/02/12 MRI scan of the right shoulder found the following: 1.Tear of supraspinatus tendon, near insertion site, with contrast and fluid in the subacromial subdeltoid bursa indicating a full thickness tear 2.Spur formation of the AC joint impinging on the supraspinatus muscle tendon junction near the rotator cuff Neurodiagnostic studies dated 01/23/13 revealed the following: 1.Abnormal NCV/SSEP of the upper extremities in a pattern consistent with a bilateral carpal tunnel syndrome and in possible cervical radiculopathy The utilization review determination being challenged is dated 12/20/13. The rationale is that the claimant has already had 2 MRIAs of the shoulder completed post op. A repeat MRI would not add to the diagnosis or treatment planning. [redacted] is the requesting provider, and he provided treatment reports from 01/03/13- 03/26/13. The report with the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE 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 PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 9 (SHOULDER COMPLAINTS), 212-214

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following: (http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol)

Decision rationale: According to the 03/26/13 report by [redacted], the patient presents with sharp right shoulder pain, localized tenderness in rotator cuff and is status post right shoulder labral repair on 6/3/11 and right shoulder arthroscopy with rotator cuff repair on 2/7/13. The request is for MRI arthrogram of the right shoulder but RFA not included in reports. Patient had previous MRA on 2/26/11, showing full thickness rotator cuff tear which led treater to recommend rotator cuff repair per 3/26/13 report. Review of the reports do not show any more recent MRAs. ODG recommends MRAs for subtle tears that are full thickness. It appears treater is requesting arthography to gauge progress s/p rotator cuff repair which is medically reasonable and appropriate for patient's condition. Recommendation is for authorization. The request for MRI Arthrogram of the Right Shoulder is medically necessary.