

Case Number:	CM14-0008545		
Date Assigned:	02/10/2014	Date of Injury:	02/03/2000
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurological 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 injured worker is a 61-year-old individual with a date of injury of February 3, 2000. The injured is status post rotator cuff repair in 2001. A progress note dated December 30, 2013 is provided for review in support of the above noted request indicating the injured worker presents with a recent increase in right shoulder pain without new trauma. The diagnoses noted in the medical history include "Rotator Cuff Tear X3 and Rotator Cuff Tear X2". Weakness with overhead activity is reported. Medications include Celebrex 200 mg, Norco 10/325, aspirin, Crestor, Voltaren gel, Clonazepam, vitamin B12, and Flomax. The physical examination of the right shoulder reveals "active painful range of motion, external rotation of 90°, abduction 90°, and internal rotation of 90°, abduction 90°, flexion 180°, extension 60°, and flexion is 90°, internal rotation T5, and abduction 180°. The right shoulder reveals atrophy, crepitus, subacromial tenderness, a positive Hawkin's and Neer's test, and abnormal strength. A notation is made that a recurrent right rotator cuff tear is suspected. Therefore, a Magnetic Resonance Arthrogram (MRA) is requested, and the plan is to maintain shoulder range of motion in the interim. A prior review of this request resulted in a recommendation for non certification on January 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004., CHAPTER 9 (SHOULDER COMPLAINTS), 207-209

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: California guidelines do not support specialized imaging studies prior to 6 weeks of activity limitation unless a red flag is noted. After 6 weeks of activity limitation, support of specialized imaging studies may be considered when physiologic evidence of neurovascular dysfunction is noted, there is failure to progress in a strengthening program that is intended to avoid surgery, or for clarification of anatomy prior to an invasive procedure. Based on the clinical data provided, it cannot be determined that any of the above criteria are present in this setting. The record indicates the injured has presented with an increase in pain. Surgical intervention was provided 13 years prior. There is no documentation of conservative treatments implemented since the onset/worsening of symptoms. In the absence of documentation of red flags, or persistence of symptoms following conservative intervention, the medical necessity of the proposed diagnostic procedure is not established. Therefore, this request is recommended for non-certification and the request for a Right Shoulder Arthrogram is not medically necessary and appropriate.

RIGHT SHOULDER MRI (FOR FOLLOW UP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004., CHAPTER 9 (SHOULDER COMPLAINTS), 207-208

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2.

Decision rationale: California guidelines do not support specialized imaging studies prior to 6 weeks of activity limitation unless a red flag is noted. After six weeks of activity limitation, support of specialized imaging studies may be considered when physiologic evidence of neurovascular dysfunction is noted, there is failure to progress in a strengthening program that is intended to avoid surgery, or for clarification of anatomy prior to an invasive procedure. Based on the clinical data provided, it cannot be determined that any of the above criteria are present in this setting. The record indicates that the claimant has presented with an increase in pain. Surgical intervention was provided 13 years prior. There is no documentation of conservative treatments implemented since the onset/worsening of symptoms. In the absence of documentation of red flags, or persistence of symptoms following conservative intervention, the medical necessity of the proposed diagnostic procedure is not established. Therefore, this request is recommended for non-certification and the request for a Right Shoulder MRI (For Follow-Up) is not medically necessary and appropriate.

