

Case Number:	CM14-0103811		
Date Assigned:	07/30/2014	Date of Injury:	04/12/2011
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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 injured worker is a 43 year old male who sustained an injury to his left shoulder on 04/12/11 due to cumulative trauma while performing his usual and customary duties as a carpenter. The injured worker stated that while he was sanding and using a hand buffer on pieces of glass and each would take 1 hour, after 10 hours of work he would start experiencing pain in the bilateral hands. The progress report dated 05/19/14 reported that the injured worker continued to improve in regards to his right shoulder surgery. The injured worker's chief complaint is left shoulder limited range of motion and functionality. The injured worker has difficulty with activities of daily living, not being able to perform above shoulder movements. The injured worker also has difficulty sleeping on the left side at night. The injured worker states that his pain radiates up the arm to the shoulder. The injured worker continued with physical therapy with his primary treating physician that has provided minimal benefit to the left shoulder. Physical examination of the left shoulder noted no gross deformities, masses, or swelling; tenderness over the greater tuberosity and over the acromioclavicular joint. The injured worker displayed range of motion at 145 degrees abduction, 140 degrees forward flexion, with 60 degrees of internal/external rotation; positive Neer's, Hawkins', thumbs down, and cross arm testing. The injured worker was diagnosed with left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR Arthrogram of left shoulder as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 1 MR arthrogram of the left shoulder as an outpatient is not medically necessary. The basis for denial of the previous request was not provided for review. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI arthrogram. There were no physical examination findings suggestive of a labral tear. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. Given this, the request for 1 MR arthrogram of the left shoulder as an outpatient is not indicated as medically necessary.