

Case Number:	CM14-0106613		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2000
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 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 64-year-old gentleman who was injured in a work related accident on 11/23/00. The clinical records provided for review include the 05/09/14 PR-2 report noting continued left shoulder and bi-level hand complaints. The records also indicate that the claimant is status post a carpal tunnel release and a 2010 left shoulder rotator cuff repair with recurrent weakness and pain and has evidence of chronic bicipital rupture. Physical examination findings at that date show positive thumb compression testing and tingling and numbness to the thumb and index finger with Tinel's testing. It is noted that the claimant had previously undergone an arthrogram of the left shoulder on 04/18/14 that did not showed evidence of full thickness rotator cuff tearing. This request is for a CT arthrogram to the left shoulder to rule out recurrent rotator cuff tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

XR arthrogram.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 208-209.

Decision rationale: California ACOEM Guidelines would not support the role of a XR arthrogram in this case. Records indicate the claimant had recently undergone a CT arthrogram on 04/18/14 that demonstrated no evidence of acute rotator cuff pathology. There is no documentation and significant change in symptoms or physical examination findings. The specific request for a CT arthrogram in this individual would not be supported.