

Case Number:	CM14-0109267		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2012
Decision Date:	10/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old female was reportedly injured on 7/10/2012. The mechanism of injury is noted as cumulative/repetitive trauma due to improper workstation setup. The most recent progress note, dated 5/13/2014, indicates that there are ongoing complaints of neck and right upper extremity pain. The physical examination demonstrated: cervical spine: decreased range of motion. Right shoulder: decreased range of motion. The injured worker's forward flexion was 130, abduction was 120, there was positive impingement, and muscle strength was limited by pain, but intact with encouragement. No recent diagnostic studies are available for review. Previous treatment includes right shoulder arthroscopy, physical therapy, medications, and conservative treatment. A request had been made for MR arthrogram of the right shoulder and was determined not medically necessary in the pre-authorization process on 6/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram- Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic). Arthropathy. Updated 8/27/2014.

Decision rationale: According to ODG guidelines MRI arthropathy is recommended as the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthropathy, whereas larger tears impartial thickness tears are best defined by MRI. Conventional arthropathy can diagnose most rotator cuff tears activity, but MR arthropathy is usually necessary to diagnose labral tears. After review the medical records provided there was no positive clinical exam findings associated with labral pathology. Therefore this request is deemed not medically necessary.