MAXIMUS Federal Services

Case Number:	CM14-0018136		
Date Assigned:	04/16/2014	Date of Injury:	07/06/2008
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 51 year old female who reported an injury to the neck and left shoulder on 07/06/2008. The mechanism of injury was reported to be from lifting a flat scanner from the floor. Per the review note dated 11/22/2011 an MRI had shown a labral tear to the left shoulder of the injured worker; however, the injured worker declined surgical intervention. Per an evaluation note dated 07/09/2013 the injured worker had attended physical therapy. In addition, she also had an EMG/NCV of bilateral upper extremities which showed neuropathy at the neck; however, upper extremity deep tendon reflexes were 2+ bilaterally. The injured worker has not taken any pain medications and rated her pain at 3-4/10. The request for authorization of medical treatment was not provided in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE MR ARTHROGRAPHY OF THE LEFT SHOULDER BETWEEN 1/13/14 AND 2/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, SHOULDER COMPLAINTS, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the ACOEM Guidelines primary criteria for ordering imaging studies are when physiologic evidence of tissue insult or neurovascular dysfunction including cervical root problems presenting as shoulder pain, and weakness from a massive rotator cuff tear. Additionally, when clarification is needed prior to an invasive procedure such as a full thickness rotator cuff tear not responding to conservative treatment. ACOEM Guidelines recommends an MR arthrogram of the shoulder provided the injured worker meets specific criteria to include significant findings noted by examination indicating rotator cuff involvement. There was no documentation of rotator cuff damage, however, there was a labral tear noted on a prior MRI. The injured worker declined surgery to repair the labral tear, therefore an MRI arthrogram for clarification is not warranted. There is a lack of documentation to suggest the injured worker's current physical exam findings do not correlate with the prior MRI study. As such, the request for the MR Arthography of the left shoulder is not medically necessary and appropriate.