

Case Number:	CM14-0115411		
Date Assigned:	08/04/2014	Date of Injury:	05/09/2009
Decision Date:	10/01/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational 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:

Injured worker is a female with date of injury 5/9/2009. Per orthopedic surgery progress report dated 6/27/2014, the injured worker reports that she is in pain daily at 6-7/10. Norco decreases her pain to 3/10 making pain more manageable and allowing her to be more functional. Worse pain is in the neck and right shoulder. Back pain does affect the duration of sitting, standing, and walking. Pain increases when sitting longer than 30 minutes, standing longer than 50 minutes, and walking further than one block. Lately she has increased numbness in the third digit of the right hand, which interferes with doing task with the right hand. She admits to spasms in the right shoulder, the right arm, and right hand. She admits to weakness in the right arm including weaker gripping and grasping with difficulty holding items. She has incidence of dropping items. She is able to lift a half gallon of milk. She is currently not working. She manages to do chores in short intervals and is not getting any help with chores. Pain affects her sleep by waking her up at night. She uses Trazodone which helps her to sleep longer in between waking up. She sleeps approximately five hours total. She also admits to feeling depressed at times due to chronic pain that limits her ability to do tasks. She prefers to use ice for pain as needed. On examination she is not in acute distress. She frequently changes positions to relieve pressure in the low back to get comfortable. Neck extension is to 25 degrees and flexion to 25 degrees. Right upper extremity abducts to 50 degrees. Lumbar extension is to 20 degrees and flexion to 40 degrees. Diagnoses include 1) discogenic lumbar condition with radicular component down the left lower extremity 2) impingement syndrome of the shoulder on the right with hypertrophy along the AC joint as well as possible full thickness tear along the rotator cuff 3) concussion 4) internal derangement of the knee on the left status post meniscectomy, anterior cruciate ligament augmentation with patellofemoral pain 5) resolution of ankle condition on the left 6) element of depression, sleep, and stress.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), online edition, Chapter: Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. The requesting physician explains that the injured worker has persistent pain in the right shoulder after surgery. The MR arthrogram is requested to further evaluate postsurgical changes. The injured worker still has limited range of motion of the right shoulder with abduction to 50 degrees. The requesting physician does not discuss surgery. The request is to further evaluate postsurgical changes, but the guidelines do not recommend performing MR arthrogram purely for evaluation without the intent of surgery. Medical necessity of this request has not been established with the information that has been provided by the requesting physician. The request for MR Arthrogram Right Shoulder is determined to not be medically necessary.