

Case Number:	CM14-0120073		
Date Assigned:	08/06/2014	Date of Injury:	08/13/2012
Decision Date:	09/26/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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:

42-year-old female claimant with reported industrial injury of 8/13/12 secondary to repetitive trauma. Exam note from 6/27/14 demonstrates claimant has complaints of persistent right shoulder pain with numbness, tingling and reduced range of motion. Examination demonstrates tenderness to palpation over the superior, anterior and trapezius parts of the shoulder. Claimant is now one-year status post right shoulder arthroscopy. MRI right shoulder from 2/13/14 demonstrates postoperative changes with mild subacromial deltoid bursal fluid with mild acromioclavicular joint arthrosis and no evidence of high-grade rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of MR arthrogram. According to the ODG, Shoulder section, MR arthrogram is indicated for labral tears and suspected re-tear postoperatively following rotator cuff repair. Direct MR arthrography can improve detection of

labral pathology. In this case the clinical notes from 6/27/14 does not demonstrate specific orthopedic exam findings concerning for labral pathology. In addition the MRI of the shoulder from 2/13/14 does not demonstrate a rotator cuff tear. Therefore the determination is for non-certification.