

Case Number:	CM14-0125691		
Date Assigned:	08/11/2014	Date of Injury:	07/30/2009
Decision Date:	09/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Practice, 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 51 yr. old male claimant sustained a work injury on 8/19/09 involving the right shoulder. An MRI in 2012 of the shoulder showed a SLAP tear and a partial rotator cuff tear. He had undergone therapy, injections and oral analgesics. A physician note on 6/23/14 indicated the claimant had reduced range of motion of the right shoulder with pain and weakness. There was point tenderness in the insertion of the supraspinatus region. The physician recommended an MR Arthrogram of the shoulder to further evaluate the prior tear findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Shoulder Complaints and pg 214 Page(s): 214.

Decision rationale: According to the MTUS guidelines, an arthrogram is optional for evaluation of small full-thickness tears. It is not recommended for evaluation without surgical consideration. In this case, the claimant had an MRI previously indicating there was a supraspinatus tear. There

was no plan for surgery with the request above. The MRI arthrogram of the shoulder is therefore not medically necessary.