

Case Number:	CM14-0146590		
Date Assigned:	09/12/2014	Date of Injury:	09/22/2011
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Sports 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:

The injured worker is a 48-year-old female who reported an injury on 09/22/2011. The mechanism of injury was not submitted for clinical review. Diagnoses included impingement of the right shoulder, right shoulder strain, right shoulder rotator cuff tear, capsulitis of the right shoulder postop. The previous treatments included medication, surgery, steroid injections. Within the clinical note, dated 02/18/2014, it was reported the injured worker complained of right shoulder pain. Upon the physical examination, the provider noted the right shoulder had tenderness over the anterior greater tuberosity. There was a positive Hawkins and Neer's sign. The provider noted the injured worker had full range of motion. The provider noted the injured worker underwent a MRI arthrogram of the right shoulder on 10/16/2013 which revealed a subscapularis tear; supraspinatus, infraspinatus and teres minor were intact. The provider requested a MRI arthrogram of the right shoulder to follow-up on subscapularis perforation. The Request for Authorization was submitted and dated on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214.

Decision rationale: The California MTUS/ACOEM Guidelines note routine MRI or arthrogram for evaluation without surgical indication is not recommended. For most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation failed to improve symptoms. The clinical documentation submitted did not indicate the injured worker had failed a 4 to 6 week period of conservative therapy. Additionally, there is lack of updated information warranting the medical necessity for the request or the intent to undergo surgery. Therefore, the request of MRI Arthrogram for the right shoulder is not medically necessary and appropriate.