

Case Number:	CM14-0173967		
Date Assigned:	10/27/2014	Date of Injury:	01/14/1993
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 64 year old female with a date of injury on January 14, 1993. The mechanism of injury was not documented. Past medical history was positive for partial left upper extremity paralysis of unclear origin, left foot drop since 1998 cervical fusion, and lupus, rheumatoid arthritis, and fibromyalgia. Past surgical history was positive for cervical discectomy C2 to C7 in 1994, C6-7 fusion in 1998, right shoulder surgery in May 2012, and left shoulder surgeries in February 2011, and February 2012. The injured worker underwent left shoulder arthroscopy, rotator cuff repair with graft and extensive debridement, and platelet-rich plasma injection on April 23, 2014. Records indicated the injured worker attended post-operative physical therapy rehabilitation. Initial strength grades were reported 2/5 with improvement to 3+/5 to 4/5 and the 19th visit on October 2, 2014. The treating physician report cited indicated that the injured worker had limited left shoulder strength with an intact rotator cuff. She was having some shoulder pain, but the main problem was limited strength. A magnetic resonance arthrogram of the left shoulder was requested. The October 15, 2014 utilization review denied the request for left shoulder magnetic resonance arthrogram as there was no comprehensive physical exam relative to range of motion, pain level, functional limitations, or the extent of post-operative rehabilitation to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic Resonance) Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Shoulder, Arthrography, Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that a magnetic resonance arthrography is generally useful to identify and define rotator cuff tears, recurrent dislocations, and infection. The Official Disability Guidelines typically support magnetic resonance imaging for suspected rotator cuff tear, impingement, instability, or labral tear. Repeat imaging is not routinely recommend and should be reserved for a significant change in symptoms and/or findings of significant pathology. Guidelines state that shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by a magnetic resonance imaging scan. Guideline criteria have not been met. There is no clinical exam evidence of residual rotator cuff tear, impingement, instability, labral tear, or a significant change in symptoms. The injured worker is attending post-operative physical therapy which initially focused on restoration of range of motion and is now focused on improving strength. Progress towards goals is documented. The injured worker had additional visits remaining within the general course of post-operative treatment. There is no indication that rehabilitation services have been exhausted. Therefore, this request is not medically necessary.