

Case Number:	CM14-0020217		
Date Assigned:	04/25/2014	Date of Injury:	02/13/2013
Decision Date:	07/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The patient has submitted a claim for right shoulder sprain/strain status post arthroscopy and repair associated with an industrial injury date of February 13, 2013. Treatment to date has included arthroscopic surgery and rotator cuff repair of the right shoulder on May 28, 2013, physical therapy, and medications such as Norco, Aleve, and Advil. Medical records from 2013 were reviewed showing that patient complained of persistent right shoulder pain particularly with overhead or lifting activities. Physical examination revealed restricted range of motion of the right shoulder towards flexion at 160 degrees, abduction at 150 degrees, external rotation at 40 degrees, and internal rotation at 40 degrees. Motor strength of the right shoulder flexor is graded 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559.

Decision rationale: The ACOEM criteria for imaging include a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. In this case, the patient underwent arthroscopic surgery and rotator cuff repair of the right shoulder on May 28, 2013, however, still complains of persistent pain. A report dated January 27, 2014 cited that the right shoulder has improved functionally. There is no documentation on how the MR arthrogram result can affect future treatment plans. The indication for this procedure is not documented. Therefore, the request for the MR arthrogram of right shoulder is not medically necessary.