

Case Number:	CM14-0020520		
Date Assigned:	02/21/2014	Date of Injury:	12/19/2004
Decision Date:	07/14/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 is a 42-year-old male who has submitted a claim for ongoing right shoulder pain status post two surgical procedures associated with an industrial injury date of December 19, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent right shoulder pain. Physical examination showed better than 90% ROM and motor strength of 4+/5. Negative Speeds, Hawkins, and O'Brien's tests. Treatment to date has included Non-steroidal anti-inflammatory drugs (NSAIDs), opioids, topical analgesics, anticonvulsants, TENS, physical therapy, and surgery. Utilization review from February 11, 2014 denied the request for MR arthrography of the right shoulder due to absent reports of re-trauma, re-injury, or flare of symptoms to support additional imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MR ARTHROGRAPHY OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008) Chapter 9 - Shoulder Complaints, page(s) 557-559.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008) Guidelines state that 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. In addition, MTUS states that arthrography may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more when surgery is being considered for a specific anatomic deficit. In this case, the patient complained of persistent right shoulder pain. However, medical records submitted failed to document a detailed physical examination showing a recent red flag finding or neurologic dysfunction. There were no reports of surgical plans in this case. Therefore, the request for MR arthrography of the right shoulder is not medically necessary.