

Case Number:	CM14-0067144		
Date Assigned:	07/14/2014	Date of Injury:	02/05/2014
Decision Date:	12/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 51-year old male with an injury date on 02/05/2014. Based on the 04/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Sprain/strain shoulder 2. Bicipital Tendonitis right According to this report, the patient complains of intermittent, moderate to severe right shoulder pain. Exam of the right shoulder reveals restricted range of motion with pain. Pain is rated as a 3/10. There is tenderness of the right trapezius muscle, right biceps tendon, and rotator cuff muscles. Patient's treatment history indicates patient has completed 6 sessions of physical therapy and is tolerating current medication. There were no other significant findings noted on this report. The utilization review denied the request for MRI Right Shoulder arthrogram (not included on application) on 04/29/2014 based on the CA MTUS/ACOEM guidelines, 3rd edition. The requesting physician provided treatment reports from 03/05/2014 to 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder arthrogram (not included on application): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter under MR arthrogram

Decision rationale: According to the 04/04/2014 report, this patient presents with intermittent moderately to severe right shoulder pain. Per this report, the current request is for MRI Right Shoulder arthrogram (not included on application). The utilization review denial letter states "the attending provider has not clearly stated what is on the differential diagnoses. It is not clearly stated that partial-thickness rotator cuff tear, subscapularis tear, and/or labral tear are suspected here." Regarding MR Arthrogram, ODG guidelines state "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Review of reports does not indicate that the patient had shoulder surgery to "suspected re-tear post-op rotator cuff repair" or to detect a labral tear. The physician does not mention why an MR Arthrogram is needed. Therefore, MRI Right Shoulder arthrogram (not included on application) is not medically necessary.