

Case Number:	CM14-0076956		
Date Assigned:	07/18/2014	Date of Injury:	01/01/2010
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain 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 53-year-old female whose date of injury is 01/01/10. Repetitive motion is noted to have caused her left shoulder pain. Per progress report dated 10/31/13, the injured worker complains of severe pain (7/10) in both shoulders. The injured worker has a history of left shoulder surgery with acromioplasty, rotator cuff repair and superior labrum debridement. Magnetic resonance arthrogram of the left shoulder dated 07/12/13 showed postoperative changes. There is mild postoperative irregularity and fraying of the superior labrum; rotator cuff intact; mild tendinosis of the left subscapularis tendon; mild degenerative changes of the left acromioclavicular joint and a mildly laterally down sloping orientation of the acromion; scar tissue in the left rotator interval which can be seen in chronic capsulitis; mild degenerative changes of the left glenohumeral joint. A 02/11/14 note indicates that the injured worker is diabetic. Examination showed left shoulder flexion 90 degrees; abduction 70 degrees; positive impingement signs; positive apprehension; positive Yergasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The injured worker has undergone a previous left shoulder surgery, and a post-op magnetic resonance (MR) arthrogram was performed on 07/12/13. There is no indication that the injured worker has significantly changed on clinical presentation to support the need for repeat MR arthrogram. Based on the clinical information provided, the request for MR Arthrogram Left Shoulder is not recommended as medically necessary.