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| Case Number: | CM14-0096983 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 11/25/2013 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 42-year-old female who was working as a laborer when she fell in a hole on 11/25/13. The records provided for review include the report of an MRI of the left shoulder without contrast dated 12/26/13 which showed a full thickness supraspinatus tendon tear with tendon retraction of approximately 13 millimeters. There were immediately adjacent infraspinatus tendon fibers that may be partially involved. There was subtle apparent atrophy of the supraspinatus muscle on sagittal images which may be partly artifactual related to tendon retraction. Although this is a non-arthrogram MRI, there was mild motion artifact and there were areas of abnormal signal intensity of the superior labrum extending posteriorly to the level of the mid-posterior labrum suggesting a labral tear. The long head of the biceps tendon anchor also appeared to be slightly more posterior than typical. There was a frank long head biceps tendon tear not identified, but the anchor was slightly difficult to evaluate. There was acromioclavicular joint arthropathy including mild inferiorly projecting capsular hypertrophy and early osseous hypertrophy projecting off of the distal clavicle. Surgery was performed on 3/14/14 for a arthroscopic rotator cuff repair, debridement of the shoulder, subacromial decompression, and resection of the long head of the biceps tendon. The report of the office visit on 6/9/14 documented a diagnosis of rotator cuff tear, diabetes Type II without complications, and hypertension. It was noted that the history was obtained through an interpreter and there were no subjective complaints. It was noted that the claimant was to be off work until 8/1/14. On exam, she was still having pain in the shoulder, particularly with abduction. She had weakness with abduction. Forward elevation seemed to help. She still used her other arm to help when lifting the arm overhead. As of 6/17/14, it was noted that the claimant had attended 22 formal physical therapy sessions following her left rotator cuff repair. Additional treatments have included Hydrocodone and Ibuprofen. This request is for an MR arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 18th Edition; 2013 Updates; Shoulder chapter.

Decision rationale: Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, the request for MRI Arthrogram of the left shoulder cannot be recommended as medically necessary. Documentation fails to establish that the claimant is having subjective complaints of pain or difficulty with activities of daily living or vocational activities. The claimant is approximately 4 months from surgical intervention in the left shoulder. Documentation does not suggest that she has yet to reach maximal medical improvement or has completely exhausted conservative treatment and formal physical therapy following her recent surgical intervention. The medical necessity of an MR arthrogram cannot be supported as there is no documentation that surgical intervention is being considered or how the MR arthrogram would change the current course of treatment or outcome. Based on the documentation presented for review and in accordance with California ACOEM, and Official Disability Guidelines, the request for left shoulder MR arthrogram cannot be considered medically necessary.