

Case Number:	CM14-0203157		
Date Assigned:	12/15/2014	Date of Injury:	10/15/2012
Decision Date:	09/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 10-15-12. He reported right shoulder pain. The injured worker was diagnosed as having a right superior tear, paralabral cyst, and acromioclavicular joint arthrosis. Treatment to date has included medication. Physical examination findings on 10-30-14 included tenderness to palpation over the right acromioclavicular joint with a positive cross body adduction test. Tenderness to palpation was also noted over the lateral acromion. Neer's, Hawkins', Jobe's, and O'Brien's tests were positive. Right shoulder MR arthrogram on 12/28/14 revealed a tear. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for a right shoulder MR arthrogram with Depo Medrol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MR arthrogram with depo medrol injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 204.

Decision rationale: According to the CA MTUS ACOEM shoulder chapter, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. The ACOEM guidelines state that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a sub acromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The injured worker is status post right shoulder MR arthrogram in December 2014, which was positive for a tear. The injured worker also remains symptomatic with regards to the right acromioclavicular joint. The injured worker remains with subjective and functional deficits despite conservative care. At this juncture, updated imaging and an injection for both diagnostic and therapeutic purposes is medically necessary to aid in treatment planning.