

Case Number:	CM14-0206711		
Date Assigned:	12/18/2014	Date of Injury:	08/06/2001
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, 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:

68-year-old male claimant sustained a work injury on August 7, 2001 involving the left upper extremity. He was diagnosed with ulnar neuropathy and shoulder bursitis. A progress note on November 18, 2014 indicates that claimant has decreased symptoms in the left upper extremity following a recent ulnar nerve release. However he has increased symptoms in the left shoulder. Exam findings were notable for reduced range of motion in all directions for left shoulder. The treating physician recommended an MRI arthrogram of the left shoulder to be updated for a possible left shoulder hemi arthroplasty to rule out progression from a study performed in May 2012. The study in 2012 showed tendonosis of the supraspinatus and infraspinatus tendons and partial tearing of the supraspinatus.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did tears involving the rotator cuff. There was a plan for surgery. The MRI/arthrogram request of the shoulder is medically necessary.