MAXIMUS Federal Services

Case Number:	CM15-0134598		
Date Assigned:	07/17/2015	Date of Injury:	06/11/2014
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on June 11, 2014, incurring shoulder, neck and back injuries. He was diagnosed with left rotator cuff tear, cervical disc disease, lumbar disc disease, right shoulder strain, and adhesive capsulitis. He underwent a left shoulder arthroscopy with rotator cuff repair. Treatment included pain medications, physical therapy, massage therapy and surgical interventions. Currently, the injured worker complained of persistent stiffness and pain of the back and neck and shoulders. There was limited range of motion upon examination. The treatment plan that was requested for authorization included 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:

MR 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, Shoulder chapter (Acute & chronic), Arthrography 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) Chapter under MR Arthrogram.

Decision rationale: The patient presents with right shoulder, back and neck pain. The request is for MR arthrogram of the left shoulder. The request for authorization is dated 06/09/15. The patient is status post MUA left shoulder, 05/08/15. Status post left shoulder arthroscopy and rotator cuff repair, 10/11/14. Physical examination of the left shoulder reveals range of motion in forward flexion was from 0 to 150 degrees, external rotation was from 0 to 30 degrees, and internal rotation was to the T12. Exam of right shoulder reveals range of motion in forward flexion was from 0 to 95 degrees, external rotation was from 0 to 30 degrees, and internal rotation was to T12. The patient had positive Hawkins sign for impingement with weakness with abduction testing. The patient's work status is not provided. ODG guidelines, Shoulder (acute & chronic) Chapter under MR Arthrogram states: "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Guidelines also state that "If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." Per progress report dated 06/09/15, treater's reason for the request is "to rule out any cause for the patient's persistent pain and weakness." In this case, the patient is status post left shoulder arthroscopy with rotator cuff repair and MUA left shoulder, but continues with pain. Physical examination reveals left shoulder reduced range of motion. Review of provided medical records do not show evidence of a prior MR Arthrogram of the left shoulder. The request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.