Case Number:	CM15-0139858		
Date Assigned:	07/29/2015	Date of Injury:	01/27/2015
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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, North Carolina
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 47 year old male, who sustained an industrial injury on 01-27-2015. He has reported injury to the left shoulder. The diagnoses have included left shoulder sprain-strain; left shoulder full-thickness rotator cuff tear; subacromial impingement; and status post left shoulder rotator cuff repair with subacromial bursectomy, on 02-28-2015. Treatments have included medications, diagnostics, injection, sling, physical therapy, and surgical intervention. Medications have included Norco. A progress report from the treating physician, dated 05-19-2015, documented a follow-up visit with the injured worker. The injured worker reported that he underwent left shoulder rotator cuff repair on 02-28-2015; he was doing a push-up about a week ago and he felt a sudden pop in the left shoulder; he felt immediate pain; he reported the injury to his physical therapist who recommended him to follow up with the physician; he complains of pain, indicated at 4 out of 10; and he is complaining of worsening stiffness and weakness of the shoulder. Objective findings included no acute distress; the anatomical alignment of the left shoulder is well-preserved; well-healed surgical incisions; no signs of infection; palpation over the acromioclavicular joint and greater tuberosity of the shoulder is painless; there is no tenderness in the subacromial space of the shoulder to palpation; range of motion is restricted; motor strength of the left shoulder internal and external rotators is 4 out of 5; there is no glenohumeral instability; and there is normal sensation in the arm. The treatment plan has included the request for MRI arthrogram for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, MR arthrogram.

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) Shoulder (MR arthrogram).

Decision rationale: ACOEM Guidelines state that criteria for imaging studies include documentation of red flags, physiologic evidence of tissue insult or neurovascular dysfunction or failure to progress in a strengthening program. The ODG states that MR arthrograms are used to detect labral tears. The patient re-injured the shoulder following surgery however there is no documentation of failure of physical therapy or physical examination findings suspicious for a labral tear. Therefore, this request is not medically necessary or appropriate.