

Case Number:	CM15-0162467		
Date Assigned:	08/28/2015	Date of Injury:	10/09/1996
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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:

This is a 55-year-old male who sustained an industrial injury on 10-09-1996. Diagnoses include status post right shoulder rotator cuff repair and distal clavicle excision and myofascial pain syndrome. Treatment to date has included medications, previous surgery and home exercise program. According to the progress report dated 8-3-2015, the IW (injured worker) reported low back pain radiating down the bilateral legs with cramping in both legs and right shoulder pain aggravated by overhead activities. The MRI from 3-15-2015 noted increased signal in the supraspinatus tendon, consistent with a partial tear; a critically-oriented full-thickness tear was not absolutely ruled out; possible SLAP tear; and anterior labral tear. The radiologist suggested further testing by MR arthrogram if it was clinically desirable and appropriate. On examination, range of motion of the right shoulder was 170 degrees flexion, 30 degrees extension, 150 degrees abduction, 40 degrees adduction, 60 degrees internal rotation and 70 degrees external rotation. Tenderness was noted over the anterior aspect of the right shoulder and in the right trapezius and right rhomboid muscles; spasms were present in the right rhomboid muscle. A request was made for an MR arthrogram of the right shoulder to evaluate rotator cuff pathology, due to the inconclusiveness of the previous MRI, dated 3-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Shoulder Procedure Summary Online Version last updated 08/06/2015.

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction. (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation for review fails to meet the above criteria per the ACOEM. Therefore the request is not medically necessary.