

Case Number:	CM15-0194391		
Date Assigned:	10/08/2015	Date of Injury:	06/01/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female, who sustained an industrial injury on 06-01-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic left shoulder pain with left shoulder rotator cuff tear. Medical records (to 08-06-2015) indicate increasing left shoulder pain. Pain levels were not rated on a visual analog scale (VAS). Records also indicate decreased activity levels. Per the treating physician's progress report (PR), the IW was able to return to work with restrictions. The physical exam, dated 08-06-2015, revealed restricted and painful range of motion in the left shoulder, tenderness at the acromioclavicular (AC) joint, positive impingement sign, and pain and weakness with rotator cuff strength testing. Relevant treatments have included: left rotator cuff repair, acromioplasty, Mumford and SLAP repair, and revision surgeries, physical therapy (PT), cortisone injections, work restrictions, and pain medications. The treating physician indicates that no recent x-rays or other diagnostic testing has been completed. The PR (08-06-2015) shows that the following test was requested: outpatient left shoulder MRA (Magnetic Resonance Arthrogram). The original utilization review (09-01-2015) non-certified the request for outpatient left shoulder MRA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder MR (magnetic resonance) Arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), MR arthrogram.

Decision rationale: The claimant sustained a work injury to the left shoulder in June 2010 when she pulled open a fire door. In August 2010, she underwent a left rotator cuff decompression and repair, labral repair, and biceps tenodesis. She had a large recurrent tear and underwent a second repair in February 2011. In June 2015, she was having increased left shoulder pain which had worsened over the previous two months. She was not performing a home exercise program. There was acromioclavicular joint tenderness with positive impingement testing. She was referred for physical therapy. An injection of the acromioclavicular joint and a subacromial injection was performed. In August 2015, there had been one month of pain relief of one half of her shoulder pain after the injection. She was performing home exercises. Physical examination findings included pain and weakness with rotator cuff strength testing. A home exercise program and Motrin were recommended. Authorization for an MR arthrogram was requested. An MRI arthrogram of the shoulder is recommended as an option to detect labral tears, and for suspected re-tear after rotator cuff repair. In this case, the claimant had pain and weakness for more than three months and was performing a home exercise program. Conservative treatment had included a cortisone injection. She has a history of a rotator cuff repair and a prior recurrent rotator cuff tear requiring surgery. The request was medically necessary.