MAXIMUS Federal Services

Case Number:	CM15-0198716		
Date Assigned:	10/14/2015	Date of Injury:	11/17/2014
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 33 year old male, who sustained an industrial injury on 11-17-2014. The injured worker was being treated for status post right shoulder surgery and cervical and parascapular pain. Treatment to date has included diagnostics, right shoulder arthroscopy with acromioplasty, Mumford, extensive debridement SLAP repair on 3-25-2015, physical therapy, home exercise program, and medications. Currently (8-25-2015), the injured worker complains of "problems with the right shoulder and associated symptoms", pain described as "severe" and rated 8 out of 10 (rated 7 out of 10 on 7-14-2015 and 6 out of 10 on 6-23-2015). He also reported radiation into the neck, arm, fingers and back. Symptoms included swelling, clicking, burning pain, weakness, and numbness, and were reported as constant and worsening. He had "no change in the level of function during activity" since last exam. Symptoms were improved by ice and no activity and were aggravated by pushing, pulling, lifting, and repetitive use. Medication use included Ibuprofen. He reporting icing and doing a home exercise program. Exam of the right shoulder noted right upper trapezius pain radiating to the right neck, without soft tissue swelling or effusion. Tenderness to palpation was noted over the anterior joint line, anteriorly, posteriorly and laterally. Flexion was 90 degrees (120 degrees on 6-23-2015) and abduction 75 degrees (100 degrees on 6-23-2015). Sensation was intact. Work status was total temporary disability. The treatment plan included magnetic resonance imaging arthrogram of the right shoulder (to evaluate for recurrent superior labral anterior posterior repair), non-certified by Utilization Review on 9-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) arthrogram of the right shoulder to evaluate for recurrent superior labral anterior posterior repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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 avoidsurgery. 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 does not show emergence of red flags. There is no new neurologic or physiologic deficits noted and no planned invasive procedure. Therefore the request is not medically necessary.