

Case Number:	CM15-0199529		
Date Assigned:	10/14/2015	Date of Injury:	11/03/2014
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male who sustained an industrial injury dated 11-3-14. A review of the medical records indicates that the worker is undergoing treatment for cervical musculoligamentous sprain-strain with left upper extremity radicular pain, left shoulder sprain-strain with impingement, and status post Mumford procedure. Subjective complaints (9-15-15) include neck pain with numbness and tingling to the left shoulder and left shoulder pain with numbness and tingling. Objective findings (9-15-15) include cervical spine tenderness to palpation with slight spasm over the bilateral trapezius muscles, suboccipital region and paracervical muscles. Left shoulder findings include tenderness to palpation over the supraspinatus tendon on the left, acromioclavicular joint, subacromial region and anterior capsule. Crepitus with palpation and a positive impingement test and cross arm test is noted. Previous treatment includes physical therapy, left shoulder arthroscopy and rotator cuff repair (3-6-15), and at least 24 sessions of post operative physical therapy. A request for authorization is dated 9-15-15. The requested treatment includes an MR arthrogram of the left shoulder to rule out additional rotator cuff tears or internal derangement. The requested treatment of MR arthrogram of the left shoulder was non-certified on 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of left shoulder: Upheld

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

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

Decision rationale: Per MTUS guidelines, when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. In this case, it is unclear why an MRI is not sufficient; therefore, the request for MR arthrogram of left shoulder is not medically necessary.