MAXIMUS Federal Services

Case Number:	CM15-0024063		
Date Assigned:	02/13/2015	Date of Injury:	07/25/2012
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on July 25, 2012. The diagnoses have included right rotator cuff tendonitis and pain in joint. Treatment to date has included physical therapy, home exercise program, medication, and arthroscopic surgery of the right shoulder. Currently, the injured worker reports that he has been doing well over the last year and taking some occasional pain medication after the surgery. He reported that he still has some right pain occasionally and difficulty with heavy lifting and throwing activities. There is pain in the anterior area of the shoulder. On examination, the injured worker had full range of motion, negative Neer and Hawkins signs and negative Jobe's sign. The posterior cuff and subscapular area are intact. He had not pain the AC joint and negative cross-adduction. The evaluating physician recommended an MR arthrogram to evaluate the shoulder for repair. On January 29, 2015 Utilization Review non-certified a request for MR arthrogram right shoulder, noting that the documentation did not provide the date and type of surgery previous performed. The Official Disability Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of MR arthrogram right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Shoulder (acute & chronic)' and topic 'MR Arthrogram'.

Decision rationale: The 35 year old patient presents with pain in the right shoulder, rated at 0/10 at rest and 7/10 with movement, as per progress report dated 11/04/14. The request is for MR ARTHROGRAM. There is no RFA for this case, and the patient's date of injury is 07/25/12. The patient is status post right shoulder surgery on 05/09/13, as per progress report dated 11/04/14. He also complains of neck pain. Diagnoses included right shoulder sprain/strain, chronic pain syndrome, neuropathic pain, and anxiety. The patient is not working, as per progress report dated 01/22/15. ODG guidelines, chapter 'Shoulder (acute & chronic)' and topic 'MR Arthrogram', states that the procedure is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair.In this case, the patient is status post right shoulder surgery on 05/09/13, as per progress report dated 11/04/14. In progress report dated 01/22/15, the treater states that the patient has not returned to work almost one year after the surgery and continues to complain of pain with movement. Although the physical examination did not reveal any abnormal findings, the treater is requesting MR arthrogram to evaluate his repair. ODG guidelines support the use of MR arthrogram for suspected re-tear post-op rotator cuff repair. The current request IS medically necessary.