

Case Number:	CM15-0029608		
Date Assigned:	02/23/2015	Date of Injury:	09/21/2010
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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 57 year old female who sustained an industrial injury on 9/21/10. The injured worker reported symptoms in the left upper extremity and cervical spine. The diagnoses included cervical myoligamentous injury with left upper extremity radicular symptoms, arthroscopic surgery of left should on 11/16/12; status post left carpal tunnel release and left lateral and medial epicondylitis surgery on 7/21/11, status post left ulnar nerve surgery on 7/20/12, and reactionary depression/anxiety. Treatments to date include status post left shoulder surgery, physical therapy, acupuncture treatment, chiropractor treatment, oral pain medications, activity modification, left intra-articular shoulder injection, home exercise program, transcutaneous electrical nerve stimulation unit. In a progress note dated 12/18/14 the treating provider reports "posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity...decreased range of motion...examination of left and right shoulder reveals tenderness to palpation." On 1/26/15 Utilization Review non-certified the request for a left shoulder arthrogram. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178, 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, MRI.

Decision rationale: This patient presents with chronic neck and left shoulder pain. The patient is status post left shoulder arthroscopic surgery from 11/16/12. The current request is for LEFT SHOULDER ARTHROGRAM. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208 states, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain". ODG guidelines under the shoulder chapter states that MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. The ODG for MR arthrogram states, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." The treating physician would like a shoulder arthrogram as "her pain is worse and range of motion significant worse since her shoulder surgery on 11/16/12". Review of the medical files indicates that the patient had an MRI of the left shoulder on 1/20/11 which is prior to the surgery. There is no indication of any radiographs or imaging following left shoulder surgery. In this case, given the patient's increase in pain and "significant" decrease in range of motion, an arthrogram for further evaluation IS supported by ACOEM and ODG. This request IS medically necessary.