

Case Number:	CM15-0041829		
Date Assigned:	03/12/2015	Date of Injury:	05/29/2012
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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 28-year-old male who sustained an industrial injury on 05/29/2012. Current diagnoses include right shoulder girdle internal derangement, status post right arthroscopic rotator cuff repair, brachial plexus injury, medication induced gastritis, cervical spinal cord stimulator implantation, left greater trochanteric bursitis, reactionary depression/anxiety, and left shoulder sprain/strain secondary to overcompensation. Previous treatments included medication management, spinal cord stimulator, right shoulder surgery, and cortisone injection to the left shoulder. Current diagnostic studies included CT, MRI's, and EMG's. Initial complaints included sudden onset of pain in the right shoulder while pushing an object. Report dated 02/13/2015 noted that the injured worker presented with complaints that included neck pain radiating to the right upper extremity with numbness and tingling in the right upper extremity and left shoulder pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. The treatment plan included medication refills which included Anaprox, Prilosec, Ultracet, and Norco, request for a CT arthrogram of the left shoulder. The physician noted that the request for the CT arthrogram was to rule out rotator cuff tear due to his ongoing pain with significant limitation in the range of motion of his left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT arthrogram of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines, Arthrography Shoulder, Shoulder (Acute & Chronic).

Decision rationale: According to the Official Disability Guidelines, shoulder arthrography is recommended as listed below. Magnetic resonance imaging (MRI) 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 of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. CT arthrogram of the left shoulder is not medically necessary.