

Case Number:	CM15-0057010		
Date Assigned:	04/01/2015	Date of Injury:	07/18/2013
Decision Date:	05/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/25/2015

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:

This 60 year old male sustained an industrial injury to the right shoulder on 7/18/13. Previous treatment included x-rays rotator cuff repair, physical therapy and medications. In a request for authorization dated 3/16/15, the injured worker complained of constant pain to the right shoulder with radiation, rated 5/10 on the visual analog scale. The injured worker reported that the pain was aggravated by arm and hand activity. The injured worker had received his first electro-acupuncture treatment but had not noticed changes yet. Physical exam was remarkable for tenderness to palpation to the right shoulder with swelling and decreased range of motion. Current diagnoses included myofascial pain syndrome, right shoulder strain, right shoulder contusion and right shoulder rotator cuff injury. The treatment plan included trying six electro-acupuncture treatments and continuing if there was functional improvement and obtaining magnetic resonance imaging arthrogram right shoulder to further assess persistent pain and discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Right Shoulder w/ Arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder - MRI arthrogram.

Decision rationale: MTUS Guidelines do not address this specific issue in adequate detail. ODG Guidelines address this issue and recommend MRI arthrogram testing when evaluating for possible post operative rotator cuff tears. This individual meets the Guideline criteria for this testing. The continued pain, swelling and limitations are suggestive of a post operative re-tear. The request is consistent with Guidelines, the right shoulder MRI w/arthrogram is medically necessary.