

Case Number:	CM15-0087293		
Date Assigned:	05/11/2015	Date of Injury:	04/17/2013
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 38 year old male, who sustained an industrial injury on April 17, 2013. He reported right jaw pain, neck pain, headaches, bilateral shoulder pain, anterior chest wall pain, thoracic region pain, bilateral knee pain, bilateral ankle pain and low back pain following a 30 foot fall from scaffolding. The injured worker was diagnosed as having a mandible fracture status post open reduction internal fixation and revision with bone graft, sprain of knee, ankle and leg. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the mandible, conservative care, medications and work restrictions. Currently, the injured worker complains of right jaw pain, neck pain, headaches, bilateral shoulder pain, anterior chest wall pain, thoracic region pain, bilateral knee pain, bilateral ankle pain and low back pain with possible exposed plate with draining noted intraorally near the plate. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 15, 2014, revealed continued pain and intraoral drainage. Additional surgical intervention to remove the plate was scheduled. Computed tomography of the plate supported possible infection. Magnetic resonance imaging of the right shoulder revealed mild to moderate abnormalities and arthritis of the shoulder joint. Evaluation on December 5, 2014, revealed continued pain as noted with worsening right shoulder pain. He reported loss of sleep secondary to pain. He noted the Norco was insufficient in controlling his pain. Burning and tingling was noted to radiate to bilateral shoulders. Diagnostic study of the left shoulder was requested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Arthrography; MRI Arthrogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of MR arthrogram. According to the ODG, Shoulder section, MR arthrogram is indicated for labral tears and suspected re-tear postoperatively following rotator cuff repair. Direct MR arthrography can improve detection of labral pathology. MR arthrography is favored in detecting small full thickness tears where non-enhanced MRI is sufficient for detecting large tears. In this case the worker had a prior rotator cuff repair. in the examination note 3/3/15 there is weakness and the prior MRI show a near full thickness tear (possibly focal full thickness). Based on the above, the intent is to detect a focal full thickness tear after rotator cuff repair and is in keeping with ODG guidelines and is therefore medically necessary.