

Case Number:	CM15-0000840		
Date Assigned:	01/12/2015	Date of Injury:	04/13/2013
Decision Date:	07/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: Emergency 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 44 year old male who sustained a work related injury April 13, 2013. According to a primary treating physician's progress report, dated December 2, 2014, the injured worker presented with right shoulder pain, rated 9/10. He has failed physical therapy and injections, and a request for surgery had been denied. Objective findings included slight prominence of the AC joint (acromioclavicular), tenderness at the bicipital groove, active forward elevation is 160 degrees with discomfort. External rotation at side is 40 degrees, active internal rotation is to upper lumbar spine. Neer, Hawkins, Jobe's and O'Brien's tests are all positive. Diagnoses are documented as right shoulder partial thickness rotator cuff tear; s/p labral tear; possible long head of biceps tenosynovitis; subacromial bursitis. The injured worker has completed months of physical therapy, acupuncture, and multiple steroid injections, and requests for revision surgery denied. At issue, is the request for authorization for a MR Arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder MR Arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Online, Shoulder Chapter, Shoulder Arthrography and The American College of Radiology ACR (Appropriateness Criteria).

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

Decision rationale: The requested Right Shoulder MR Arthrogram is medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right shoulder pain, rated 9/10. He has failed physical therapy and injections, and a request for surgery had been denied. Objective findings included slight prominence of the AC joint (acromioclavicular), tenderness at the bicipital groove, active forward elevation is 160 degrees with discomfort. External rotation at side is 40 degrees, active internal rotation is to upper lumbar spine. Neer, Hawkins, Jobe's and O'Brien's tests are all positive. Diagnoses are documented as right shoulder partial thickness rotator cuff tear; s/p labral tear; possible long head of biceps tenosynovitis; subacromial bursitis. The injured worker has completed months of physical therapy, acupuncture, and multiple steroid injections and requests for revision surgery denied. The treating physician has sufficiently documented evidence of possible labral tear-re-tear. The criteria noted above having been met, Right Shoulder MR Arthrogram is medically necessary.