

Case Number:	CM15-0107297		
Date Assigned:	06/11/2015	Date of Injury:	09/09/2012
Decision Date:	07/17/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/03/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 50 year old female patient who sustained an industrial injury on 09/09/2012. The accident was described as during working hours while lifting a piece of furniture he experienced an acute onset of left arm pain. On 07/01/2014, and 11/05/2013 she underwent closed manipulation cortisone injection to left shoulder. On 12/29/2014 the patient underwent a magnetic resonance imaging scan of cervical spine that revealed multilevel degenerative changes most significant at C5-6 with mild to moderate central canal narrowing, moderate narrowing of the right lateral recess and moderate to severe right neural foraminal narrowing; and mild right neural foraminal narrowing at C2-3 and C3-4. A follow up visit dated 01/19/2015 there were subjective complaints of neck pain and headaches. She is diagnosed with the following: degenerative disc disease C5-6; stiff shoulders and migraine headaches. She is to remain off from work duty. The next follow up dated 02/18/2015 reported unchanged subjective complaints, unchanged diagnoses, or plan of care. The patient has a surgical history of: arthroscopic subacromial decompression on 11/05/2013; and closed manipulation on 07/01/2014. The follow up visit dated 04/21/2015 gave treating diagnoses of adhesive capsulitis left shoulder; biceps tendonitis, left; impingement syndrome left shoulder; cervical strain, and ulnar nerve entrapment at left ulnar groove. She is to undergo an arthrogram of upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of left shoulder: Upheld

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

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

Decision rationale: This patient has the diagnosis of adhesive capsulitis of the shoulder following arthroscopic surgery. The request is for an MR arthrogram of the shoulder. The surgery the patient underwent did not involve a labral or rotator cuff repair, so there is no need to assess healing structures with an MR arthrogram. Adhesive capsulitis is not a diagnosis that can be confirmed with imaging. In addition, there has been no new trauma to the shoulder necessitating an MR arthrogram. Therefore, the medical necessity of this request is not established and is not medically necessary.