

Case Number:	CM15-0125523		
Date Assigned:	07/10/2015	Date of Injury:	05/01/2012
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on May 1, 2012. He reported an injury to his bilateral shoulders and left knee during a motor vehicle accident. Treatment to date has included MRI of the bilateral shoulders, left shoulder arthroscopic rotator cuff repair and biceps tenodesis, right shoulder arthroscopic subscapularis tendon repair, decompression and biceps tenodesis, physical therapy and medications. Currently, the injured worker complains of bilateral shoulder pain and left knee pain. He denies any radiation of pain and describes the pain as aching, shooting and stabbing. The pain is constant with variable intensity. He reported joint tenderness of the bilateral shoulder and the left knee. His pain is aggravated with carrying items, lifting and with changes in the weather. His pain is relieved with lying down. On physical examination the injured worker has limited range of motion of the right upper extremity. His right upper extremity has decreased shoulder flexor motor strength. Hawkins Kennedy test was positive on the right side. The diagnoses associated with the request include disorder of bilateral shoulders, derangement of the left knee, disorder of the bilateral rotator cuff and cervical facet joint pain. The treatment plan includes work restrictions, repeat MA arthrogram of the right shoulders due to incomplete resolution of pain and to evaluate for re-tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic Resonance) Arthrogram of right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, acute flare-up, new injury, progressive clinical deterioration or specific surgical lesion, the medical necessity for shoulder MRA has not been established. The MR (Magnetic Resonance) Arthrogram of right shoulder is not medically necessary and appropriate.