

Case Number:	CM15-0144877		
Date Assigned:	08/05/2015	Date of Injury:	11/11/2013
Decision Date:	10/13/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: Connecticut, California, Virginia
 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:

The injured worker is a 45-year-old female, who sustained an industrial injury on 11-11-2013. The injured worker was diagnosed as having derangement of joint, not otherwise specified of shoulder, and recurrent dislocation of shoulder. Treatment to date has included diagnostics and medications. On 5-28-2015, the injured worker complains of continued pain and limited mobility of the right shoulder. Pain was not rated. It was documented that she saw an orthopedic surgeon and was recommended an updated MR arthrogram so he could better visualize the dislocation of the shoulder. Exam of the right shoulder noted tenderness to palpation to the anterior shoulder, "reduced" range of motion in flexion and abduction, and positive impingement sign. Medications included Carisoprodol, Naproxen, Omeprazole, and Voltaren gel. Work status was modified. On 7-06-2015, it was documented that she was having acute exacerbation of right shoulder pain and continued limited range of motion. Pain was not rated. Her physical exam of the right shoulder was unchanged from 5-28-2015. Her work status was total temporary disability. Orthopedic consult (5-18-2015) noted right shoulder pain, rated 7 out of 10, with associated locking and dislocation. Exam of the right shoulder tenderness at the acromioclavicular joint, subacromial bursa, greater tuberosity, and bicipital groove, with no obvious deformity. Range of motion was 160 degrees in forward flexion and abduction, 50 degrees in external rotation, and to L2 in internal rotation. Motor strength was 4 of 5, distal sensation was normal, and biceps-triceps reflexes were normal. Jobe, Neer, Hawkin's and lift off tests were positive. There were positive anterior, posterior, and inferior apprehension signs. A computerized tomography of the right shoulder (11-2014 showing evidence of chronic Hill Sachs lesion, largest 10x6x3 mm and the humeral head was noted to be centered) was documented as reviewed. It was documented that she would likely require surgical intervention due to chronic and recurrent episodes of instability

and dislocation of her right shoulder. The treatment plan included updated magnetic resonance imaging of the right shoulder with contrast, non-certified by Utilization Review on 7-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that an MR Arthrogram was requested several times and denied. In this case, the patient had a CT indicating a chronic Hill Sachs lesion, and in light of a history of recurrent dislocation (and risk of a Bankart lesion, glenoid labrum separation, etc.), imaging in order to properly consider operative intervention is reasonable. Therefore, the request is considered medically necessary.