

Case Number:	CM15-0175802		
Date Assigned:	09/17/2015	Date of Injury:	08/20/2014
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 54 year old female, who sustained an industrial injury on 08-20-2014. She has reported subsequent neck, back, bilateral shoulder and bilateral knee pain and was diagnosed with cervical, thoracic, lumbar, bilateral knee, shoulder, trapezius and rotator cuff strain, internal derangement of right shoulder and status post rotator cuff repair. Treatment to date has included medication, acupuncture, a home exercise program, transcutaneous electrical nerve stimulator (TENS) unit, steroid injections, chiropractic therapy, right shoulder arthroscopy with decompression and at least 30 physical therapy visits, which did not provide significant pain relief or improvement in function. In a progress note dated 08-18-2015 the injured worker reported continued discomfort and pain in the right shoulder with some difficulty with overhead activities. Objective examination findings of the right shoulder showed decreased range of motion of the right shoulder with abduction, forward flexion and extension, pain with range of motion and positive drop arm test. The physician noted that despite conservative management including physical therapy, the injured worker continued to have pain and difficulties with function of the right shoulder and had not had a full recovery. The physician indicated that he wanted to obtain a CT arthrogram of the shoulder to help to understand whether the rotator cuff had healed or not. Work status was documented as temporarily totally disabled. A request for authorization of CT arthrogram of the right shoulder, outpatient was submitted. At utilization review (08-26-2015), the request for CT arthrogram of the right shoulder, outpatient was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Arthrogram of the right shoulder, outpatient: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under CT arthrography.

Decision rationale: The patient was injured on 08/20/14 and presents with right shoulder pain. The request is for CT Arthrogram of the right shoulder, outpatient to help to understand whether the rotator cuff had healed or not. The RFA is dated 08/18/15 and the patient is temporarily totally disabled. On 02/18/14, the patient had a right shoulder arthroscopy with decompression and there is no indication of any imaging studies that the patient may have had after her surgery. ODG Guidelines, Shoulder Chapter, under CT arthrography states that it is "Not recommended except when MRI or MR arthrography are not available or contraindicated. In addition, CT shoulder arthrography may be superior to MRI or MRA in the evaluation of the rotator cuff after a previous shoulder arthroplasty, and for evaluating loosening around implants. CT arthrography is generally a good alternative in patients who have a contraindication to MRI/MRA, and CTR is primarily useful as a bailout for MR arthrography. Some examples include: Patient scheduled for MRA, injected, but then cannot tolerate the magnet due to claustrophobia; Patient requiring multiplanar cross sectional imaging of a joint with arthrogram effect, but with contraindications to MR scanning; Evaluation of the postoperative joint with significant intra-articular metal (for instance, suture anchors in the shoulder)." The patient's right shoulder showed decreased range of motion of the right shoulder with abduction, forward flexion and extension, pain with range of motion and positive drop arm test. She is diagnosed with possible recurrent tear of the right shoulder and right shoulder tendonitis. In this case, an imaging study seems reasonable, given that the patient underwent a right shoulder arthroscopy and continues to have right shoulder problems. ODG supports CT arthrography if MR arthrogram cannot be tolerated for some reason. The request IS medically necessary.