

Case Number:	CM15-0178172		
Date Assigned:	09/18/2015	Date of Injury:	03/18/2013
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California
 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 44 year old male, who sustained an industrial injury on March 18, 2013. On June 17, 2015 the injured worker reported that he was slowly improving with increased range of motion and decreased pain. His primary complaint was weakness and achiness at the end of the day. He reported occasional popping and clicking. His medications included Naprosyn. On physical examination, the injured worker had right shoulder forward flexion to 160 degrees, abduction to 145 degrees, external rotation to 60 degrees and internal rotation to 60 degrees. He had mild crepitus and pain with Hawkins' and Neer's. He had mild weakness on an empty can test and supraspinatus testing. His overall strength of the rotator cuff was +4 to -5 - 5. He had a negative Yergason's and negative Speed's test. His gross motor and light touch sensation to C5 to T1 is intact and his reflexes are equal and symmetric. The injured worker was diagnosed as having rotator cuff sprain-strain and complete rupture of the rotator cuff. An MR arthrogram of the right shoulder on August 13, 2014 revealed evidence of a tear of the anterior portion of the supraspinatus tendon with mild retraction and atrophy of the supraspinatus muscles. Treatment to date has included opioid medications, NSAIDS, physical therapy, home exercise program, work restrictions and rotator cuff repair in January 2015. A request for authorization for MR arthrogram of the right shoulder and work hardening for the right shoulder was received on August 17, 2015. On August 26, 2015, the Utilization Review physician determined MR arthrogram of the right shoulder and work hardening for the right shoulder was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of right shoulder: Upheld

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, MR Arthrogram.

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant had prior rotator cuff surgery and there was concern for a recurrent tear. An MR Arthrogram on 8/13/14 indicated a tear of the supraspinatus. The claimant underwent another surgery in January 2015. There was no indication in the clinical notes of concern of another tear or lack of response to therapy. The request for another MR arthrogram of the shoulder is not medically necessary.

Work hardening for right shoulder x 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: In this case, the documentation does not indicate intention to return to work. There is no mention of functional capacity evaluation. The response to therapy and functional limitations are not well defined. The request for work hardening is not justified and not medically necessary.