

Case Number:	CM15-0179564		
Date Assigned:	09/21/2015	Date of Injury:	01/01/2013
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 66 year old female, who sustained an industrial injury on Jan 1, 2013. The injured worker was being treated for status posterior right shoulder arthroscopy in 2007, status post right shoulder manipulation under anesthesia in 2007 and 2008, recurrent right shoulder rotator cuff tear per MRI in 2012, right shoulder rotator cuff tear, and status post arthroscopic repair of rotator cuff tendon, biceps tenodesis, revision of subacromial decompression and partial acromioplasty, and debridement of the glenohumeral joint-labrum on February 3, 2014. Medical records (July 23, 2015) indicate a flare-up of right shoulder pain. The physical exam (July 23, 2015) reveals tenderness to palpation of the anterior and lateral aspects of the right shoulder. Per the treating physician (May 2, 2013 report), x-rays of the right shoulder revealed an implant in the greater tuberosity suggesting a prior rotator cuff repair, small calcific density adjacent to the lateral border of the acromium which maybe post-surgical, mild acromioclavicular joint degenerative changes, and type 2 acromium morphology. Treatment has included unspecified medications. Per the treating physician (July 23, 2015 report), the injured worker is permanently disabled and has not returned to work. On August 7, 2015, the requested treatments included an MR arthrogram of the right shoulder. On August 21, 2015, the original utilization review non-certified a request for an MR arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) Chapter under MR Arthrogram.

Decision rationale: The patient presents with constant pain to the shoulders, greater on the right side. The request is for MR arthrogram right shoulder. The request for authorization is dated 08/07/15. The patient is status post right shoulder arthroscopic repair of the rotator cuff tendon, biceps tenodesis, revision subacromial decompression and partial acromioplasty, and debridement of the glenohumeral joint/labrum, 02/03/14. Physical examination of the right shoulder reveals tenderness to palpation over the anterior and lateral aspect of the shoulder, right greater than left. A positive Neer and Hawkins tests. Per progress report dated 07/23/15, the patient is not working. ODG guidelines, Shoulder (acute & chronic) Chapter under MR Arthrogram states: "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Guidelines also state, "If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." Per progress report dated 07/23/15, treater's reason for the request is "Due to the patient's current flare-up symptomatology with significant symptom changes, diagnostic studies are indicated at this time." In this case, the patient is status post right shoulder arthroscopy, but continues with pain. Physical examination reveals a positive Neer and Hawkins test. Review of provided medical records do not show evidence of a prior MR Arthrogram of the right shoulder. The request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.