

Case Number:	CM15-0098849		
Date Assigned:	06/01/2015	Date of Injury:	03/10/2010
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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: Orthopedic Surgery

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 57-year-old male who sustained a work related injury March 10, 2010. While performing repetitive duties, he developed pain in both shoulders and knees. Past history included s/p left total knee replacement September 2014, s/p right total knee replacement February 2014, hypertension, and anemia. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented with complaints of low back pain bilateral hip pain and right shoulder pain. The objective findings handwritten record is difficult to decipher. Diagnoses are documented as rotator cuff syndrome; osteoarthritis left leg; osteoarthritis pelvis. At issue, is a request for an MRI Arthrography 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 Arthrography of the right shoulder, as outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, MR arthrogram.

Decision rationale: CA MTUS/ACOEM is silent on the issue of MR arthrogram. According to the ODG, Shoulder section, MR arthrogram is indicated for labral tears and suspected re-tear postoperatively following rotator cuff repair. Direct MR arthrography can improve detection of labral pathology. In this case the clinical notes from 3/26/15 does not demonstrate specific orthopedic exam findings concerning for labral pathology. Therefore, the determination is not medically necessary.