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| Case Number: | CM14-0144580 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/16/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of October 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier rotator cuff repair surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for MRI imaging of the right shoulder with gadolinium contrast. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines and ODG Guidelines in its denial. Despite the fact that the applicant was approximately two years removed from the date of injury, the claims administrator nevertheless stated that there was no evidence that the applicant had failed conservative treatment. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant was described as having significantly limited shoulder range of motion. It appears that the applicant had undergone an arthroscopic lysis of adhesions on April 7, 2014. In a later note dated September 10, 2014, the applicant reported persistent complaints of shoulder pain. The applicant was again placed off of work, on total temporary disability. The attending provider maintained that the applicant had markedly limited range of motion about the injured shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of Right shoulder with Gadolinium as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-5, page 209..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-5, page 209, MRI imaging scored a 4/4 in its ability to identify and define suspected rotator cuff tears, as appears to be present here. In this case, the applicant has apparently had a poor outcome following earlier rotator cuff repair surgery. The attending provider has posited that the applicant's presentation is suggestive of either adhesive capsulitis and/or recurrent rotator cuff tear. Obtaining MRI imaging as a precursor to pursuit of possible repeat or revision rotator cuff repair surgery is indicated. Therefore, the request is medically necessary.