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| Case Number: | CM14-0148726 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/27/2010 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/27/10 when a machine became stuck and she reached out to turn it off, striking her head and falling. She sustained injuries to the neck, upper back, left hip, buttock, left hand, left leg, and shoulders. An MRI of the left shoulder in August 2011 showed findings of a type II acromion without full thickness rotator cuff tear. She underwent arthroscopy with a subacromial decompression, synovectomy, debridement, and coracoacromial ligament in December 2012. She was seen on 09/24/13. She was having constant low back pain radiating into the left leg, constant upper back pain, and constant left shoulder pain. She was having difficulty sleeping. Prior treatments had included modalities and TENS. Physical examination findings included positive left shoulder Empty Can and Drop arm tests. There was moderate supraspinatus and infraspinatus tenderness with acromioclavicular joint, coracoid process, and biceps tendon tenderness. Findings included positive left Phalen testing with negative Tinel testing. Recommendations included serial administration of SPRIX (intranasal ketorolac tromethamine) for five days. She continued to be treated with diagnoses including left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) arthrogram of the left shoulder: 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

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

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for right shoulder pain consistent with rotator cuff impingement. She had arthroscopic surgery in December 2012. An MRI arthrogram is recommended as an option to detect labral tears, and for suspected re-tear after rotator cuff repair. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MRI arthrography is recommended. Therefore the requested MRI arthrogram was medically necessary.