

Case Number:	CM17-0008177		
Date Assigned:	01/17/2017	Date of Injury:	12/03/2016
Decision Date:	02/09/2017	UR Denial Date:	12/14/2016
Priority:	Standard	Application Received:	01/11/2017

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, North Carolina

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 42 year old male with an industrial injury date of 12-03-2016. Medical record review indicates the injured worker is being treated for sprain of other specified parts of right shoulder girdle. The injured worker presented on 12-03-2016 with complaints of sharp pain in right shoulder that started while pushing boxes the day prior. The injured worker complained of pain in right shoulder with range of motion. The pain was moderate and frequent (50-74% of the time). Work status is modified duties with limited use of right shoulder, no overhead work and no pushing, pulling or lifting over 20 pounds. Must take a 10 minute stretch break every 60 minutes from repetitive motion. Current medications included Acetaminophen and Naproxen. Treatment included cold-hot pack. Review of records indicates the injured worker had been authorized for 6 sessions of physical therapy for shoulder and upper arm. Objective finding noted moderate tenderness sternoclavicular joint and acromioclavicular joint. Forward flexion was with pain 160 degrees, full active extension with pain, passive abduction 160 degrees with pain and painful active and passive adduction 30 degrees without pain. Internal and external rotation passive and active were full and without pain. Impingement sign (Hawkins) and O'Brien's test were negative. Abduction against resistance was normal and there was no crepitation with circumduction. Motor, sensory and pulses were normal. The 12-03-2016 reports indicates shoulder x-ray (right) however the report is not indicated in the records for review. On 12-14-2016 the request for MR arthrogram of the right shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2016 Shoulder Chapter: MR arthrogram.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/MR Arthrogram.

Decision rationale: CA MTUS does not specifically address MR arthrograms of the shoulder. ODG states that MR arthrogram is recommended as an option to detect labral tears and for suspected re-tears post-operatively with rotator cuff repairs. In this case, the claimant physical exam does not document any red flags, findings, or indications of a possible labral tear. The claimant has slightly restricted range of motion, however full motor strength is present and all orthopedic tests were negative. The claimant is just authorized for 6 PT sessions for the shoulder. As there is no indication of red flags or tears for which urgent surgical intervention would be necessary, and as the claimant has yet to complete any conservative management, an MR arthrogram of the right shoulder is determined to be not medically necessary.