

Case Number:	CM13-0002326		
Date Assigned:	12/27/2013	Date of Injury:	09/19/2007
Decision Date:	11/13/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

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 Internal 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 injured worker (IW) is a 49-year-old woman with a date of injury of September 19, 2007 when she walked into a freezer and a stack of frozen food items fell and knocked her over. She sustained injuries to her left shoulder, lumbar spine, and left ankle. The Medicare Set-Aside Cost Projection contains a summary of office visits that was reviewed for this request. The full progress note dated May 16, 2013 was not available to this reviewer in the medical record. Pursuant to the Medicare Set-Aside Cost Projection Worksheet dated May 27, 2014, the IW underwent surgical intervention for the left shoulder August 16, 2008. June 17, 2009, the IW underwent a microscopic lumbar decompression and discectomy at L3-L4 and L4-L5. Extensive physical therapy has been provided, as well as lumbar epidural injections and trigger point injections. The IW complains of low back pain, left shoulder and left ankle pain. The lumbar pain was noted to radiate down both legs to the feet. The pain symptoms were aggravated by activities. MRI of the lumbar spine dated Jun 7, 2012 revealed multilevel degenerative discs, worse at L2-L3 and L4-L5 with moderate stenosis. Following the examination on August 22, 2013, the IW was diagnosed with: 1. Status-post left shoulder arthroscopic surgery for bio-cartilage implant, rotator cuff repair and debridement. 2. Left ankle pain. 3. Low back pain post-laminectomy syndrome. The primary provider noted that the IW had not done well with Gabapentin or Lyrica in the past, nor had she done well with epidural injections. Future medical treatment included: Medication management, follow-up office visits for shoulder and foot, and exercise. The treating physician ordered and magnetic resonance arthrogram (MRA) to compare with the MRI dated June 7, 2013 due to the injured workers continued lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, the MRI arthrogram of the left shoulder is not medically necessary. The guidelines indicate MRI of the shoulder is indicated when there is emergence of the red flag; physiologic evidence of tissue insults or neurovascular dysfunction (i.e. cervical root problems presenting a shoulder pain, weakness from rotator cuff tear); failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines indicate MRI for acute shoulder trauma, suspect rotator cuff tear/impingement; over age of 40 normal plain x-rays and subacute shoulder pain, suspect instabilities/labral tear. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. In this case, the magnetic resonance arthrogram of the left shoulder was requested to compare to an MRI done approximately one year prior to the request due to worsening symptoms. The original date of review was July 1, 2013. The Medicare Set Aside Cost Projection contains a summary of office visits from 2013. On May 16, 2013 there was a follow-up visit for ongoing complaints of left shoulder pain. On May 30, 2013 the injured worker remains stable. On June 19, 2013 the injured worker had an exacerbation of pain in the left shoulder and MRI was recommended. The treating physician "opined a re-tear may have occurred." Documentation from August 15, 2013 to October 14, 2013 the injured worker continued to complain of pain in the left shoulder. The treating physician clarified and arthrogram MRI of the left shoulder was needed as opposed to plain MRI as it would not show the labrum appropriately. The diagnosis was left shoulder pain status post-surgery. However, there were no clinical symptoms or objective physical findings in the medical record. There is no new weakness present. There were no x-rays documented, there was no new injury, and there were no red flags present. There were no clinical findings or indications present to support an MRI arthrogram. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the MRI arthrogram is not medically necessary.