

Case Number:	CM13-0017427		
Date Assigned:	03/19/2014	Date of Injury:	01/14/2010
Decision Date:	08/01/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

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 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:

Patient is a 59 year-old female with date of injury 01/14/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/12/2013, lists subjective complaints as pain in the right shoulder, elbow and wrist. Objective findings: Examination of the right shoulder revealed decreased range of motion in all planes due to pain. Hawkin's sign was positive. There was tenderness over the greater tuberosity of the humerus. Examination of the right elbow revealed tenderness to palpation of the lateral epicondyle. Examination of the right wrist was notable for tenderness to palpation of the distal radius and ulna. Tinel's sign was positive. Diagnosis: 1. Right hand strain/sprain rule out tendinitis carpal tunnel syndrome 2. Right wrist strain/sprain rule out internal derangement 3. Right elbow strain/sprain lateral/medial epicondylitis, cubital tunnel syndrome 4. Right shoulder strain/sprain rule out tendinitis impingement, cuff tear, internal derangement 5. Anxiety/depression 6. Diabetes mellitus 7. Status post open reduction internal fixation bimalleolar 8. Insomnia 9. Hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder/Elbow Wrist Chapters.

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

Decision rationale: According to the Official Disability Guidelines, subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. There is no documentation in the medical record as to why with a physician has ordered an MR arthrogram instead of a conventional MRI. The request is not medically necessary.