

Case Number:	CM13-0035980		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2013
Decision Date:	04/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 Geriatrics and is licensed to practice in New York. 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 is a 46 year old man with a date of injury of 6/4/13. The records include notes when evaluated by his primary treating physician on 6/4/13 and 10/30/13. His history included x-rays, a brace and physical therapy. He also had an injection to his right shoulder. During the 6/4/13 visit, he was seen for right shoulder, elbow, forearm and wrist strains with medial and lateral epicondylitis. He was said to be following up from a shoulder MRI. On physical exam of his shoulder, he had tenderness to palpation at the acromioclavicular joint and subacromial space along the biceps tendon. He had painful range of motion. His strength was normal as was his sensation, pulses and reflexes. He had a positive Hawkins, Neer and Jobe and O'Brien tests and mildly positive Speed test. An MRI of his shoulder dated 10/23/12 showed features of adhesive capsulitis, moderate insertional tendinosis of the supraspinatus without highgrade partial tear, advanced acromioclavicular joint arthrosis without bursitis and attritional changes of the degenerated glenoid labrum with a deficient posterior superior labral remnant but no displaced labral flap or fragment. His diagnoses included right shoulder sprain and adhesive capsulitis, right biceps strain, right elbow sprain, right medial and lateral epicondylitis and right wrist pain. At issue in this review is a right shoulder MRI arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (MAGNETIC RESONANCE) ARTHROGRAM FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic neck pain is for a MR arthrogram of the right shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and given his recent MRI in 10/13, a MR arthrogram of the right shoulder is not medically indicated.