

Case Number:	CM13-0036071		
Date Assigned:	12/13/2013	Date of Injury:	11/13/2012
Decision Date:	03/26/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 36-year-old female with date of injury 11/13/2012. She states that she was lifting above her shoulders with her left arm to grab and x-ray machine which he felt a sudden pop and pain radiating from the left shoulder. She has been treated by her primary treating physician since the time of the injury. The patient has faithfully completed 12 visits of physical therapy and 6 visits of chiropractic treatment. In addition she underwent a steroid injection to the left shoulder. Although the patient has improved, her continued left shoulder pain according to a note by a second primary treating physician, who saw the patient on 11/14/2013. This physician reports the patient's diagnoses as rotator cuff syndrome and strain of shoulder. A letter is enclosed from the patient's orthopedic surgeon who states that the patient has continued left shoulder pain, disability, weakness, and nonresolution of her symptoms. He asked for a left shoulder MRI arthrogram for further workup with possible surgical planning and further diagnostic imaging and data collection. He mentions that MRI arthrogram is the gold standard in patients under 40 years of age and with labral pathology is suspected in the shoulder and to also fully evaluate the rotator cuff for tear with recalcitrant clinical course.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient has had over one year of persistent left shoulder pain and has faithfully undergone all conservative therapies without resolution. Her orthopedic surgeon feels that in spite of a negative MRI, that the patient has a torn labral cartilage which may be amenable to surgical repair. MRI arthrogram is particularly sensitive in detecting torn labral cartilage. I am reversing the previous utilization review decision and authorizing the MRI arthrogram. Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) 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.

Physical Medicine and Rehab Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The Physician Reviewer's decision rationale: The patient has undergone conservative treatment for approximately one year. The previously unauthorized MR arthrogram of the left shoulder is now authorized. Assuming that the orthopedist is correct and the patient has a labral tear, the course of treatment will be clear negating the necessity for a physical medicine and rehabilitation consultation. The physical medicine and rehabilitation consultation is not medically necessary.