

Case Number:	CM13-0037265		
Date Assigned:	12/13/2013	Date of Injury:	12/28/2004
Decision Date:	02/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

49y/o female injured worker with date of injury 12/28/04 with related bilateral shoulder pain and restricted motion, with positive impingement signs in both shoulders. In 4/2013, MRI studies were performed on the right upper extremity, lumbar spine, and cervical spine. The impression of the right upper extremity was low-grade bursal and articular sided fraying of the supraspinatus tendon at the footprint, on a background of tendinosis; low-grade articular sided partial thickness tearing of the subscapularis tendon at the lesser tuberosity on a background of mild tendinosis; moderate acromioclavicular joint osteoarthritis; mild labral fraying anterosuperiorly. The injured worker had in the past underwent two to three lumbar epidural injections which provided significant relief of her leg and lower back for a few months. She has also undergone cortisone injections to both of her shoulders, which provided about two months of pain relief. She has undergone physical therapy. She is refractory to medications. The date of UR decision was 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for MRI arthrogram for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: The Physician Reviewer's decision rationale: With regard to arthrography, ACOEM states, "When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging 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 it demonstrates soft tissue anatomy better." The documentation submitted for review indicates that the injured worker had an MRI of the right upper extremity without contrast on 4/25/13. The impression was low-grade bursal and articular sided fraying of the supraspinatus tendon at the footprint, on a background of tendinosis; low-grade articular sided partial thickness tearing of the subscapularis tendon at the lesser tuberosity on a background of mild tendinosis; moderate acromioclavicular joint osteoarthritis; mild labral fraying anterosuperiorly. The most recent medical record was dated 9/11/13 and indicated the provider was awaiting authorization for the MRA, but contained no documentation indicating the rationale for it. There is no documentation of consideration of surgery or any treatment that would be informed by the results of an MRA. The documentation submitted for review does not adequately address the medical necessity of further imaging study. As such, the request is not medically necessary