

Case Number:	CM13-0040790		
Date Assigned:	12/20/2013	Date of Injury:	06/06/2009
Decision Date:	02/13/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 36 year old female presenting with right shoulder pain following a work related injury on 9/26/2013. The claimant complained of right shoulder pain with popping, clicking and weakness with extreme limited range of motion and bilateral/wrist/forearm pain. The physical exam was significant for well-healed portal scars consistent with the patient history of right shoulder arthroscopy in 2011, tenderness to palpation present over the subacromial region, ac joint and supraspinatus tendon, posterior muscle and periscapular musculature, crepitus over the acromioclavicular joint and subacromial region, impingement test was positive, cross arm test was positive on the right, well-healed surgical scars consistent with history of bilateral carpal tunnel syndrome, slight swelling of the dorsum of the hand, thumb and web-space. The claimant was diagnosed with status post right dominant shoulder adhesive capsulitis with history prior arthroscopy, with subsequent development of early right upper extremity complex regional pain syndrome, status post bilateral carpal tunnel release surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: A MR arthrogram is not medically necessary. The claimant had not failed conservative therapy and there is no evidence of a labral tear or possible surgical issue. Per ODG Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Additionally, "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. To further evaluate the possibility of potentially serious pathology, such as a tumor. Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." Finally, "MR arthrogram is recommended as an option to detect labral tears and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears and may be necessary in individuals with persistent symptoms and findings of a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface." Per ODG the claimant's request does not meet guidelines; therefore MR arthrogram is not medically necessary.