

Case Number:	CM13-0045495		
Date Assigned:	03/31/2014	Date of Injury:	02/27/2013
Decision Date:	05/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of February 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and noncontrast MRI imaging of the shoulder of September 27, 2013, notable for minimal subacromial bursitis and osteoarthropathy of the AC joint. In a utilization review report of October 7, 2013, the claims administrator denied a request for an MR arthrogram of the injured shoulder, noting that the claimant did not appear to be a candidate for shoulder surgery. The applicant's attorney subsequently appealed. In a progress report of October 7, 2013, the attending provider notes that the applicant has ongoing complaints of neck, shoulder, and low back pain. Electrodiagnostic testing of the upper and lower extremities was sought. The applicant was described as having well-healed nontender arthroscopic incision lines about the shoulder with satisfactory rotator cuff strength and only mild limitation of range of motion without discomfort. On October 31, 2013, the applicant was again given a diagnosis of left shoulder impingement syndrome. The claimant apparently has a history of prior shoulder surgery. Signs of internal impingement were appreciated with old arthroscopic portals noted. There was some evidence of limited range of motion and pain about the shoulder. A shoulder corticosteroid injection was sought. On November 21, 2013, the attending provider apparently sought authorization for a diagnostic video arthroscopy of the shoulder. On February 24, 2014, the attending provider stated that he was again seeking authorization for shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER MRI ARTHROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214.

Decision rationale: The MTUS does not address the topic of MR arthrography, but states in ACOEM Chapter 9, table 9-6, page 214, that arthrography for preoperative evaluation of small full thickness rotator cuff tear is "optional." Similarly, the third edition ACOEM guidelines on MR arthrography state that MR arthrography is recommended for diagnosing partial thickness rotator cuff tears, subscapularis tears, and labral tears in applicants with subacute or chronic shoulder pain. In this case, however, the attending provider has not made a compelling case for pursuit of the MR arthrogram in question. The attending provider has ultimately stated that he would prefer to pursue a diagnostic arthroscopy at this point, effectively obviating the need for shoulder MR arthrogram. Therefore, the request remains not certified, on independent medical review.