

Case Number:	CM13-0052906		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2013
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal 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 patient is an injured worker with a primary diagnosis of left shoulder condition. The date of injury was January 27, 2013. The primary treating physician's initial orthopedic comprehensive report for October 01, 2013 by [REDACTED] presented a case summary and request for procedures. On the date of injury January 27, 2013, patient injured his left arm, left shoulder, left elbow, left hand, left wrist. He had a slip and fall injury. As he was getting off the truck, he fell forward, landing on top of his left arm. On impact, he felt immediate pain. He was prescribed pain medications, anti-inflammatories, and had x-rays of his left elbow, left shoulder, left wrist, had physical therapy two sessions to his elbows, six sessions for his shoulder. He indicates that he cannot grip or grasp due to his wrist and has no strength to his left arm any more. He continues to be symptomatic. The patient reports pain in the left shoulder. The physical examination reveals no step-off over AC Joint. There is tenderness of greater tuberosities, on the left. There is subacromial grinding and clicking, on the left. There is tenderness of rotator cuff muscles, on the left. There is tenderness of supraspinatus and infraspinatus, on the left. Positive drop arm test, on the left. Positive impingement test, on the left. Muscle Strength 3/5 left. Reflexes 1+ bilaterally. Range of motion of left shoulder: Flexion 150, Extension 50, Abduction 145, Adduction 30, Internal Rotation 60, External Rotation 85. [REDACTED] Impression was Left shoulder strain/sprain positive MRI, tendinitis impingement, labral tear. The treatment recommendation was left shoulder scope arthroscopic surgery subacromial decompression labral/cuff repair due to positive MRI findings and MRI arthrogram of the left shoulder. The utilization review 10-23-2013 recommended non-certification of MRI left shoulder with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER WITH ARTHOGRAM: Upheld

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

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

Decision rationale: The physician requested authorization for MRI arthrogram of the left shoulder, and asserted that MRI arthrogram enhances the visualization of joint structures and improves MRI evaluation of joint abnormalities. The physician did not present an argument for the medical necessity of an arthrogram in this case, given that an MRI had already been performed. There is no evidence presented that supports the superiority of arthrogram over MRI in this case. Furthermore, the physician had already committed to left shoulder arthroscopic surgery. There is no discussion on whether or how arthrogram results would alter the treatment plan. The MTUS and ACOEM guidelines and medical records do not support the medical necessity of arthrogram in this patient who already had MRI with positive findings and a decision committed to pursue surgery. Therefore, the request for MRI of the left shoulder with arthrogram is not medically necessary.