

Case Number:	CM13-0053652		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2013
Decision Date:	03/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 51 year old male with a date of injury of 04/23/2013. The listed diagnoses per [REDACTED] are: 1. Right shoulder pain 2. Right knee pain 3. Right elbow pain 4. Headaches According to report dated 10/07/2013 by [REDACTED], the patient presents with right knee and right shoulder pain. Examination of the right shoulder revealed no swelling, deformity, joint asymmetry or atrophy. Movements are restricted with flexion limited to 120, extension is 20 degrees, and abduction is 130 degrees. Positive Hawkins, O'Brien's and Empty cans was noted. Patient reports he went to a shoulder surgeon and received a right shoulder steroid injection which provided 50% relief. The surgeon requested a new MRI as the prior images were unclear due to artifacts.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right shoulder MR arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with right knee and right shoulder complaints. Treater requests an arthrogram of the right shoulder as prior images "were not clear due to artifacts." Utilization review denied request stating, "minimal clinical evidence for a labral injury...invasive testing is not medically necessary." ACOEM guidelines on MRI of the shoulder (pg 207-208) states "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The medical file provided for review includes a MRI of the right shoulder dated 08/05/2013. Imaging results show posterior, inferior labral tear with 6mm adjacent paralabral cyst, supraspinatus tendinosis without tearing, mild overlying subdeltoid bursitis and AC joint degenerative arthritis. Report also notes "Exam limited by motion artifact." In this case, the request is coming from an orthopedist who is considering surgical intervention. ODG guidelines state that MR arthrogram is superior to MRI for subtle tears that may be a full tear. Given the poor quality of the previous MRI, recommendation is for authorization of the request.