

Case Number:	CM14-0000720		
Date Assigned:	01/17/2014	Date of Injury:	03/27/2013
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Preventive 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 a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; MR arthrography of the shoulder on May 3, 2013, reportedly notable for synovitis and arthritic changes with no evidence of a discrete rotator cuff tear, per the claims administrator; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated December 4, 2013, the claims administrator denied a request for an MR arthrogram of the shoulder. The applicant's attorney subsequently appealed. In a clinical progress note dated January 8, 2014, the applicant reported persistent neck pain and hand pain, it was stated. The applicant was having numbness and tingling about the digits. The applicant was also reporting anxiety and depression. The applicant exhibited limited range of motion about the cervical spine, with associated tenderness to touch. The applicant was asked to remain off of work, on total temporary disability. Naprosyn and Prilosec were endorsed. In an earlier note of November 13, 2013, the applicant was again described as off of work, on total temporary disability. The applicant reported persistent shoulder pain and persistent neck pain with derivative anxiety, depression, and psychological stress. The applicant was on Valium, Naprosyn, Norco, and Flexeril, it was stated. Shoulder range of motion was limited with flexion and abduction to 130- to 140-degree range despite 5/5 strength and some positive signs of internal impingement. Electrodiagnostic testing was endorsed along with an MR arthrography of the right shoulder. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI ARTHROGRAM OF 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 based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, MR Arthrogram section.

Decision rationale: While the MTUS-adopted Shoulder Complaints Chapter of the ACOEM Practice Guidelines in Chapter 9 do not specifically address the topic of MR arthrography, ACOEM does note in Chapter 9, page 208 that primary criteria for ordering imaging studies in general include clarification of anatomy prior to an invasive procedure. Imaging can be considered in applicants in whom surgery is being considered for a specific anatomic defect, ACOEM goes on to note. In this case, however, there is no indication or evidence that the applicant would act on the results of the MR in question. There is no evidence that the applicant is intent on pursuing a surgical remedy. It is further noted that the Third Edition ACOEM Guidelines note that MR arthrography is recommended in diagnosing articular-sided partial thickness rotator cuff tears, subscapularis tears, and labral tears in select applicants with subacute or chronic shoulder pain. In this case, however, the attending provider did not proffer a clear diagnosis or differential diagnosis. It was not clearly stated what was suspected, what was sought, and/or how the study in question would alter the treatment plan. As noted previously, there is no evidence that the applicant would act on the results of the study in question and/or consider a surgical remedy here, particularly in light of the applicant's comorbid neck complaints and earlier negative shoulder MR arthrogram. The request for one MRI Arthrogram of the right shoulder is not medically necessary or appropriate.