

Case Number:	CM14-0005642		
Date Assigned:	02/05/2014	Date of Injury:	11/04/2011
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, 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 a 58 year old female who has submitted a claim for right shoulder internal derangement associated with an industrial injury date of November 4, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent right shoulder pain graded 5-9/10. Physical examination of the right shoulder showed weakness, restricted ROM at abduction of 115 degrees, forward flexion of 125 degrees, and external rotation of 20 degrees. Treatment to date has included NSAIDS, opioids, muscle relaxants, home exercise programs, and right shoulder arthroscopic decompression and rotator cuff repair (11/7/11). A utilization review determination from December 24, 2013 denied the request for MR arthrogram of the right shoulder because the submitted data did not document well-defined focal and localizing findings related to the shoulder that would warrant the requested studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM / OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, , PAGES 561- 563

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559.

Decision rationale: According to pages 557-559 of the ACOEM Guidelines, the criteria for MR Arthrogram include a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In addition, MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and may be the preferred investigation because it demonstrates soft tissue anatomy better. In this case, the patient complained of persistent right shoulder pain. However, the submitted recent progress notes are not legibly written making it impossible to discern clinical data that would support the current request. Subjective and objective findings submitted in this case are insufficient. Therefore, the request is not medically necessary.