

Case Number:	CM14-0009358		
Date Assigned:	02/12/2014	Date of Injury:	07/06/2011
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of July 6, 2011. A utilization review determination dated January 9, 2014 recommends non-certification of MRI left shoulder with contrast arthrogram. The previous reviewing physician recommended non-certification of MRI left shoulder with contrast arthrogram due to lack of documentation of emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, a planned surgery, and failed conservative care. A Progress Report dated December 11, 2013 identifies Subjective Complaints of left shoulder hurting much more than the right shoulder. Objective Findings identify positive Neer's and positive Hawkins. Impression identifies resolved right shoulder pain following surgery two years ago and left shoulder worsening compensatory pain, likely secondary to impingement. Plan identifies request authorization for an MRI of the left shoulder with the contrast arthrogram to further evaluate the patient's persistent left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ON LEFT SHOULDER WITH CONTRAST ARTHROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 557-559.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram

Decision rationale: Regarding the request for MRI on left shoulder with contrast arthrogram, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MR arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Within the documentation available for review, the patient is noted to have symptoms and findings consistent with impingement. However, there is no indication of a suspected labral tear or of a re-tear post-op rotator cuff repair. In the absence of such documentation, the currently requested MRI on left shoulder with contrast arthrogram is not medically necessary.