

Case Number:	CM14-0100546		
Date Assigned:	09/24/2014	Date of Injury:	08/16/2009
Decision Date:	11/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopedic Surgery 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 male retired firefighter with an industrial injury date of 8/16/2009. He underwent left shoulder surgery in 1973, right shoulder arthroscopy in June 1998, and C3-7 ACDF with hybrid construct on 3/25/2011. According to an orthopedic evaluation on 5/20/2014 the patient reports he is noticing progressively increasing ROM (range of motion) problems and decreasing strength in the right shoulder. He states the left has always had slightly less movement. He notes having difficulty sleeping on his right and left. Physical examination notes surgical scars at both shoulders. Radiographs of both shoulders were taken, which reportedly show AC joint arthritis, the left shoulder shows more OA at the glenohumeral joint and right right has AC joint arthritis. He has some weakness in the right rotator cuff strength compared to normal on the left. Diagnosis is right shoulder AC joint arthritis with impingement and left shoulder osteoarthritis. MRI of the shoulders is requested. No medications given. He is able to maintain HEP (home exercise program). The peer review on 6/2/2014 rendered non-certification of the request for MR Arthrogram of the bilateral shoulders (GAD) on the basis that the medical necessity of the request was not evident. The progress report dated 6/25/2014 indicates the patient is seen for follow-up of the bilateral shoulders. The right shoulder seems the most symptomatic, he reports having crunching and grinding sensation in the right shoulder. On physical examination, forward elevation is 160, abduction 140, positive impingement test, and 2+ bicipital tenosynovitis. Request is appeal of the denial for right shoulder MRI with gadolinium. In the interim, the patient is recommended physical therapy for the shoulder and he is placed on Mobic. The patient underwent a panel QME on 7/8/2014. Review of records included a right shoulder MRI on 8/26/2011 provides the impression: 1. Subacromial degenerative change of the medial humeral head. 2. Tendinosis of the supraspinatus tendinous portion of the rotator cuff. 3. Mild bursitis. X-rays of the bilateral shoulders indicated

degenerative arthritis of both shoulders. On physical examination, the patient demonstrated full and symmetrical ROM of the shoulders, no atrophy, intact and symmetrical sensation, evidence of prior biceps rupture and repair, evidence of left hand 4th trigger release and right 3rd flexor tendon ganglion release, negative Adson's, 5/5 motor strength of the upper extremities, and good symmetrical grip strength. Diagnoses: 1. Status post cervical fusion and disc replacement; 2. Severe lumbar DJD; 3. Status post unrelated left shoulder surgery; 4. Status post repair of right shoulder biceps tear and rotator cuff; 5. Status post right hand ganglion right flexor; 6. Status post left hand trigger release; 6. Left knee Osgood schlatter.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM -- BILATERAL SHOULDERS (GAD): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): PAGE 202.
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: According to the CA MTUS/ACOEM guidelines, Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The panel QME report documents normal motor strength and ROM of the bilateral shoulders. The medical records do not establish there has been significant worsening or change the patient's functional status. Radiographs showed osteoarthritis of the shoulder. There is no indication of instability in either shoulder. MRI studies had previously been obtained. Repeat studies are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, which has not been demonstrated in this case. He has not failed conservative measures, such as HEP/physical therapy, medications, and activity modification, etc. The medical records do not establish that MR Arthrogram of the bilateral shoulders is clinically indicated and medically necessary.