

Case Number:	CM14-0013146		
Date Assigned:	02/24/2014	Date of Injury:	01/24/2013
Decision Date:	07/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 40-year-old female who has submitted a claim for Right Shoulder Impingement Syndrome Rule-Out Shoulder Biceps/Labral Tear, associated with an industrial injury date of January 24, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of shoulder pain with a popping discomfort with certain movements. On physical examination, the shoulder range of motion was normal bilaterally. There was tenderness of the biceps tendon sheath on the right. The Apprehension test was negative bilaterally. The O'Brien test, and Hawkins and Neer signs were positive on the right. Internal and external rotator cuff strength was normal bilaterally. An MR arthrogram dated July 17, 2013, revealed unremarkable glenoid labrum; no definite evidence for a labral tear; long head of the biceps tendon is normally positioned; and no rotator cuff tear was appreciated. Treatment to date has included medications, physical therapy, cortisone injection, and splint immobilization. The utilization review from January 30, 2014, denied the request for an MRI arthrogram of the right shoulder. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MRI ARTHROGRAM OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that when surgery is being considered for a specific anatomic defect, such as a full-thickness rotator cuff tear, magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although an MRI is more sensitive and less specific. An MRI may be the preferred investigation, because it demonstrates soft tissue anatomy better. In this case, shoulder imaging was requested to rule out a rotator cuff tear. However, the medical records failed to provide a rationale for an MR arthrogram, when an MRI is preferred as per guideline recommendations. Furthermore, a previous MR arthrogram was already performed and there was no discussion regarding the indication for a repeat MR arthrogram. Therefore, the request is not medically necessary.