

Case Number:	CM14-0019592		
Date Assigned:	04/23/2014	Date of Injury:	09/22/2010
Decision Date:	07/03/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/17/2014

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 Orthopaedic 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:

This 54-year-old female sustained an industrial injury on 9/22/10; mechanism of injury not documented. The 11/18/11 right shoulder MRI showed a probably calcified ovoid free fragment/loose body (5 mm in length) in the anterior joint space, anterior bony glenoid. The 2/1/12 right shoulder MR arthrogram revealed prominent superior and middle glenohumeral ligaments, which formed an ovoid area of low signal mass representing an intra-articular body appearance, and supraspinatus/ and infraspinatus tendinosis with very minimal fraying versus artifact. The 7/12/13 cervical MRI documented C4/5 and C5/6 disc degeneration, minimal retrolisthesis C4 on C5, mild indentation of the inferior C4 endplate with minimal surrounding marrow edema, C4/5 mild disc bulge with cord indentation and moderate neuroforaminal narrowing, and C5/6 disc bulge effacing the ventral CSF space with mild spinal canal narrowing. There was significant artifact from patient motion; clinical exclusion of myelopathy was recommended. The 12/16/13 PQME report (PM&R) indicated concern over the possible development of a syrinx with poor visualization on the cervical MRI due to patient motion artifact and recommended a repeat MRI with sedation. The PQME recommended a right shoulder MR arthrogram to evaluate the loose body noted on the 11/8/11 MRI. The PQME noted a prior left shoulder MRI and stated the patient should have an MR arthrogram; the previous MRI findings were not reported. Shoulder symptoms included pain, left worse than right, and inability to do overhead work. Shoulder exam findings documented symmetrical range of motion with moderate loss of extension, and 4-/5 global left and 4+/5 global right upper extremity strength. The 1/9/14 treating physician report cited persistent neck and bilateral shoulder pain with radiating symptoms into the upper extremities. Objective findings documented normal gait and fair upper extremity strength. The treatment plan recommended MR arthrogram of the

bilateral shoulders, repeat cervical MRI, and updated EMG/NCV testing based on the 12/16/13 PQME recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MR arthrogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; MR arthrogram.

Decision rationale: Under consideration is a request for MR arthrogram of the right shoulder. The California MTUS guidelines do not provide recommendations for diagnostic testing in chronic shoulder injuries. The Official Disability Guidelines recommend MR arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MR arthrography is also recommended if there is any question concerning the distinction between a full-thickness and partial-thickness tear. Guideline criteria have not been met. This patient has bilateral shoulder pain with no documentation of provocative exam findings to support the medical necessity of imaging. MRI and MR arthrogram of the right shoulder have been provided. There is no indication of worsening signs or symptoms to support the medical necessity of repeat imaging. Therefore, this request for MR arthrogram of the right shoulder is not medically necessary.

MR ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MR arthrogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; MR arthrogram.

Decision rationale: Under consideration is a request for MR arthrogram of the left shoulder. The California MTUS guidelines do not provide recommendations for diagnostic testing in chronic shoulder injuries. The Official Disability Guidelines recommend MR arthrogram as an option to detect labral tears, for suspected re-tear post-op rotator cuff repair, and to address concerns regarding the distinction between a full-thickness and partial-thickness tear. Guideline criteria have not been met. A left shoulder MRI was previously performed, with no evidence suggestive that this was insufficient. Shoulder pain persists but there is no documentation of provocative exam findings to support the medical necessity of imaging. Cervical disc pathology is present

and under investigation. Therefore, this request for MR arthrogram of the left shoulder is not medically necessary.