MAXIMUS Federal Services

Case Number:	CM14-0110193		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2012
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 57-year-old female with a 2/28/12 date of injury. At the time (6/26/14) of the Decision for MR/Arthrogram right shoulder, there is documentation of subjective (increased right shoulder pain with radiation to the neck, shoulder blade, and upper extremity) and objective (right shoulder tenderness to palpation, weakness, decreased range of motion, and decreased sensation) findings, current diagnoses (status post right shoulder arthroscopy, possible residual or recurrent internal derangement of the right shoulder, and residual stiffness and weakness of the right shoulder), and treatment to date (physical therapy and activity modification). There is no documentation of a suspected labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR/Arthogram right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS reference to ACOEM guidelines identifies that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one

month or more; and that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. ODG identifies that subtle tears that are full thickness are best imaged by arthrography and that MR arthrography is usually necessary to diagnose labral tears. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopy, possible residual or recurrent internal derangement of the right shoulder, and residual stiffness and weakness of the right shoulder. In addition, there is documentation of limitations due to consistent symptoms that have persisted for one month or more. However, there is no documentation of a suspected labral tear. Therefore, based on guidelines and a review of the evidence, the request for MR/Arthrogram right shoulder is not medically necessary.