MAXIMUS Federal Services

Case Number:	CM14-0110321		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2007
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
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 and 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:

The injured worker is a 37-year-old female with a reported date of injury on 05/10/2007. The mechanism of injury was noted to be from repetitive use. Her diagnoses were noted to include right shoulder subacromial impingement syndrome associated with primary and post-traumatic acromioclavicular joint arthritis as well as rotator cuff tendonitis, left shoulder subacromial impingement syndrome associated with primary and post-traumatic acromioclavicular joint arthritis as well as rotator cuff tendonitis, status post surgery for a subacromial decompression as well as a complete distal clavicle resection. Her previous treatments were noted to include a home exercise program, surgery, and medications. The progress note dated 06/26/2014 revealed complaints of throbbing pain that were described as moderate left shoulder pain at the front aspect of the shoulder. The injured worker reported intermittent very mild right wrist pain with constant moderate left wrist pain which was associated with the dorsum aspect of the wrist. The injured worker indicated she experienced some tingling in both her hands with walking over 1 hour. The physical examination of the left shoulder revealed decreased range of motion, 3 well healed arthroscopic surgical incisions, mild +tenderness to the dorsal aspect of the acromion process and the distal clavicle which have both presumably been removed surgically. There was moderate tenderness inferior to the acromioclavicular joint. There was moderate tenderness to the subacromial space and the rotator cuff. There was mild +tenderness to the anterior shoulder capsule and posterior shoulder capsule. There was mild crepitus with range of motion testing. The cross arm test was very positive, rotator cuff demonstrated grade 4 weakness and internal rotator cuff demonstrated grade 5 strength. The progress note dated 08/13/2014 revealed complaints of pain to the bilateral shoulders, bilateral wrists, and right long finger. The injured worker underwent a right long trigger finger release and experienced some residual pain in her right long finger only at night. The injured worker complained of intermittent moderate left

shoulder pain at the posterior aspect of her shoulder. The left shoulder range of motion was diminished and there were 3 well healed arthroscopic surgical scars. There was mild tenderness to the dorsal aspect of the acromion process and the distal clavicle which had both presumably been removed surgically. There was mild to moderate tenderness inferior to the acromioclavicular joint. There was mild to moderate tenderness to the subacromial space and over the rotator cuff, and to the anterior shoulder capsule. There was minimal tenderness to the posterior shoulder capsule and very mild crepitus with the range of motion testing. The rotational impingement test was mild to moderately positive and the overhead impingement test was mildly positive. The Speed's test demonstrated mild grade 4 weakness and the apprehension test was negative. The external rotator cuff demonstrated moderate to severe grade 4 weakness and the internal rotator cuff demonstrated grade 5 strength. The supraspinatus muscle demonstrated moderate grade 4 weakness. The Request for Authorization form was not submitted within the medical records. The request was for an MR (magnetic resonance) arthrogram of the left shoulder due to significant residual symptoms and a substantial rotator cuff weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic Resonance) Arthrogram of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 12th Edition, 2014, Shoulder Chapter (7/7/14) and 11th Edition 2013 (10/9/13)

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

Decision rationale: The request of an MR (magnetic resonance) arthrogram of the left shoulder is not medically necessary. The injured worker has had previous left shoulder surgery. The California MTUS/ACOEM Guidelines state an image test takes into consideration any patient allergies to contrast materials (used Arthrography or contrasted computed tomography), or concerns about claustrophobia and costs. Magnetic resonance imaging (MRI) and Arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, though MRI is more sensitive and less specific. The guidelines state Arthrography can be used to identify and define a rotator cuff tear, recurrent dislocation, tumor, or an infection. The Official Disability Guidelines recommend MR arthrogram as an option to detect labral tears, and for suspected retear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that an MR arthrogram be performed, even with negative MRI of the shoulder since even with a normal MRI, a labral tear may be present in a small percentage of patients. A direct MR Arthrography can improve detection of labral pathology. If there is any question concerning the distinction between a full thickness and a partial thickness tear, MR Arthrography is recommended. It is particularly helpful in the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR Arthrography in rotator cuff disease is a better depiction of partial tears in the articular surface. The injured worker has had previous left shoulder surgery with residual

symptoms. The injured worker did not have a previous rotator cuff repair done and there is a lack of documentation regarding a previous MRI performed of the left shoulder. There is a lack of clinical findings consistent of a labral tear or a question of distinction between a full thickness and a partial thickness tear to warrant an arthrogram. Therefore, the request is not medically necessary.