

Case Number:	CM14-0131701		
Date Assigned:	08/20/2014	Date of Injury:	07/26/2013
Decision Date:	09/22/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Management 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 23-year-old female with a date of injury of 07/26/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar spine myoligamentous sprain/strain. 2. Left shoulder sprain. 3. Rule out internal derangement/labral tear of left shoulder. According to progress report 06/24/2014, the patient presents with persistent left shoulder pain and low back pain. The left shoulder pain increases with pushing, pulling, overhead use and lifting activities. Examination of the bilateral shoulder revealed positive apprehension test on the left. There was pain and clicking with range of motion noted. The treater states the patient has objective findings of instability of the left shoulder on examination and he recommends an MR arthrogram to "provide better evaluation of the labrum." Utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram 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:Shoulder, Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

ODG-TWC guidelines has the following:(<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>)"Recommended as indicated below. 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. (Banchard, 1999) 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. (Oh, 1999) The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. (Dinnes, 2003) Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? (Newberg, 2000)Indications for imaging -- Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear".

Decision rationale: This patient presents with left shoulder pain with positive apprehension test on the left. The treater is requesting an MR arthrogram to provide better evaluation of the labrum. Utilization review denied the request stating "prior conservative care including PT, medications and exercises is not specified to support the necessity of this diagnostic study." ACOEM Guidelines has the following regarding shoulder MRIs on page 207 and 208, "routine testing, laboratory test, plain film radiograph of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. ODG Guidelines state that MRI and arthrography have fairly similar diagnostic and therapeutic impact in comparable accuracy. It also states that arthrography is This patient has already had an MRI on 11/21/2013 which revealed "normal left shoulder MRI." In this case, the treater would like an MR arthrography to evaluate the labrum but conventional MRI's are adequate in diagnosing labral tears. A follow-up MR Arthrography is not routinely obtained following a normal MRI to check for labral tears. Recommendation is for denial.