

Case Number:	CM14-0163343		
Date Assigned:	10/08/2014	Date of Injury:	05/10/2008
Decision Date:	11/19/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	10/03/2014

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:

According to the records made available for review, this is a 45-year-old male with a 5/10/08 date of injury and status post left shoulder arthroscopy on 5/14/13. At the time (8/12/14) of request for authorization for MR Arthrogram of the left shoulder, there is documentation of subjective (continued moderate to severe left shoulder pain that is worsening despite daily home exercise program, and difficulty sleeping on the left side due to pain) and objective (tenderness to palpation over the left acromioclavicular joint and superior deltoid, and positive Drop arm and Neer's tests on the left) findings, current diagnoses (status post left shoulder arthroscopy with residuals and sleep disturbance), and treatment to date (medications, left shoulder surgery, physical modalities, and activity modification). There is no documentation of an intention to evaluate for subtle tears that are full thickness and to diagnose labral tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MR Arthrogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation 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 left shoulder arthroscopy on 5/14/13 with residuals and sleep disturbance. In addition, there is documentation of limitations and consistent left shoulder symptoms that have persisted for one month or more. However, given no documentation of a rationale identifying the medical necessity of the requested MR Arthrogram of the left shoulder, there is no documentation of an intention to evaluate for subtle tears that are full thickness and to diagnose labral tears. Therefore, based on guidelines and a review of the evidence, the request for MR Arthrogram of the left shoulder is not medically necessary.