

Case Number:	CM14-0163760		
Date Assigned:	10/08/2014	Date of Injury:	06/19/2014
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 31-year-old female with a 6/19/14 date of injury. At the time (9/24/14) of request for authorization for MRI Arthrogram of the left shoulder, there is documentation of subjective (severe discomfort increased with activity, symptoms localized to the acromioclavicular joint, symptoms made worse with motion and overhead use of the extremity) and objective (left shoulder tenderness at the acromioclavicular joint and anterior acromial border, positive straight arm raise test, pain with abduction, pain with forward flexion, pain with stress testing of the supraspinatus) findings, imaging findings (left shoulder MRI (7/1/14) report revealed normal examination, no evidence of rotator cuff tear, acromial impingement, labral tear or superior labral tear from anterior to posterior (SLAP) lesion, fracture or dislocation, or other abnormalities), current diagnoses (left shoulder rotator cuff tendonitis, impingement syndrome), and treatment to date (physical therapy, activity modification, medications, and cortisone injection). There is no documentation of subjective/objective findings consistent with labral tear and the medical necessity of additional imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 left shoulder rotator cuff tendonitis, impingement syndrome. However, there is no documentation of subjective/objective findings consistent with labral tear. In addition, given documentation of a normal MRI study, and given that evidence based guidelines identify that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, there is no documentation of the medical necessity of additional imaging. Therefore, based on guidelines and a review of the evidence, the request for MRI Arthrogram of the left shoulder is not medically necessary.