

Case Number:	CM14-0166376		
Date Assigned:	10/13/2014	Date of Injury:	01/02/2013
Decision Date:	12/10/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/09/2014

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 Interventional Spine 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 61 year old male with an injury date of 01/02/13. Based on the 09/18/14 progress report provided by [REDACTED] the patient complains of right shoulder pain. Physical examination to the right shoulder revealed tenderness to palpation with painful range of motion. Deep tendon reflexes are equal in bilateral upper extremities. The patient is status post right shoulder rotator cuff repair 06/28/13. The patient is still in pain and discomfort in the right shoulder, therefore treater is requesting MRI study of shoulder arthrogram. Patient is temporarily partially disabled and is to continue home exercise program as tolerated at no pain range. Patient was prescribed Norco and Duexis. MRI of Right Shoulder 06/10/14- status post rotator cuff repair- there appears to be at least a partial re-tear of the distal supraspinatus and infraspinatus tendons at their surgical insertion on the greater tuberosity of the humerus. No tendon retraction is seen- deformity and tear of the superior glenoid labrum- limited visualization of the long head of the biceps tendon with an apparent tear present- fluid in the subacromial/subdeltoid bursa likely secondary to the re-tear of the rotator cuff Diagnosis 09/18/14- right shoulder rotator cuff injury- right shoulder sprain/strain injury- right shoulder rotator cuff tear and tendonitis- status post right shoulder 06/28/13- possible re-tear noted on distal supraspinatus and infraspinatus tendons, per MRI of Right Shoulder 06/10/14 [REDACTED] is requesting MRI arthrogram of the right shoulder. The utilization review determination being challenged is dated 09/27/14. The rationale is "the patient already had a recent MRI that did delineate the pathology for the patient's right shoulder. A repeat study is not indicated..." [REDACTED] is the requesting provider and he provided treatment reports from 03/27/14 - 09/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the Right Shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with right shoulder pain. The request is for MRI arthrogram of the right shoulder. The patient is status post right shoulder rotator cuff repair 06/28/13. Patient's diagnosis dated 09/18/14 included right shoulder rotator cuff injury, sprain/strain injury and rotator cuff tear and tendonitis. Regarding MR Arthrogram, ODG guidelines state "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." It further states, "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 a 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. Direct MR arthrography can improve detection of labral pathology. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." Treater states in progress report dated 09/18/14 that "the patient is still in pain and discomfort in the right shoulder, therefore he is requesting MRI study of shoulder arthrogram." Post-operative MRI from 6/10/14 showed, "Possible re-tear noted on distal supraspinatus and infraspinatus tendons" and "deformity and tear of the superior glenoid labrum." Based on ODG, MR Arthrogram is recommended to detect labral tears and suspected re-tear which is seen on current MRI. However, given the suspected re-tear, an MRI arthrogram may identify this suspected "re-tear," better. ODG supports MR arthrogram when the tear is not clear. Request is medically necessary.