

Case Number:	CM14-0174021		
Date Assigned:	10/27/2014	Date of Injury:	06/08/2011
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 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:

This is a patient with a date of injury of 6/8/11. A utilization review determination dated 10/16/14 recommends non-certification of left shoulder open MRI. 10/7/14 medical report identifies worsening left shoulder pain especially with ROM and lying on it. The patient stated that her chiropractor recommended updated MRI as her left shoulder hangs lower than the right shoulder. No significant relief with previous left shoulder injection. Patient has failed Celebrex and ibuprofen. Pain is 6/10. On exam, abduction is 90 degrees, left hand can touch L1 but unable to reach back of head, swelling, tenderness, and crepitus. Recommendations include open MRI of the left shoulder. MRI from 4/30/13 was said to identify OA and tendinosis. MRI was recommended as the 2013 MRI was unable to visualize labrum completely due to patient being claustrophobic and moving during the process. Open MRI was requested, but the provider noted that they would consider closed MRI with use of Valium if necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Left Shoulder Open MRI QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/12): Shoulder (Acute & Chronic)ODG: Indications for imaging -- Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI) and MR arthrogram

Decision rationale: Regarding the request for left shoulder open MRI, CA MTUS and ACOEM recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. More specifically, ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ODG also notes that "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." Within the documentation available for review, the documentation does not clearly identify how the patient's symptoms/findings have significantly changed. Furthermore, the provider notes a desire to evaluate for a labral tear, but there is no clear rationale for the use of an open MRI rather than an MR arthrogram to evaluate for labral pathology given that an open MRI (or even a closed MRI) is much less likely to identify the presence of a labral tear. In the absence of clarity regarding those issues, the currently requested left shoulder open MRI is not medically necessary.