MAXIMUS Federal Services

Case Number:	CM14-0027060		
Date Assigned:	06/13/2014	Date of Injury:	12/05/2011
Decision Date:	08/04/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopedic Surgeon, has a subspecialty in Shoulder and Elbow Surgery 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 injured worker is a 44-year-old female who reported an injury on 12/05/2011. The mechanism of injury was noted as the injured worker assisted a patient, while as a caregiver, to the bathroom. A magnetic resonance imaging (MRI) of the right shoulder dated 02/01/2013 noted impression of acromioclavicular (AC) osteoarthritis, subacromial/subdeltoid bursitis, mild supraspinatus tendinosis, and mild infraspinatus tendinosis. The clinical note provided dated 01/13/2014 noted the injured worker complained of bilateral shoulder, elbow, wrist, and hand pain. The injured worker also complained of neck pain radiating to the right side of the face and low back pain radiating to the right lower extremity. The documentation noted that upon physical examination with active range of motion, the right shoulder abduction was 150 and flexion was 120. The documentation further noted bilateral shoulder positive impingement sign. The injured worker's diagnoses include right shoulder pain with acromioclavicular (AC) arthritis, left shoulder pain, bilateral medial elbow pain, de Quervain's tenosynovitis, right wrist, numbness and tingling upper extremities, low back pain with bilateral lower extremities semi-radiating pain, chronic neck pain radiating to the upper back, right side of face, eye, and ear, and sternoclavicular right shoulder joint pain. The previous treatments included right shoulder surgery on 06/12/2013 and over 60 visits of physical therapy and acupuncture. The medications were not noted within the documentation submitted for review. The requested treatment plan was for an MR arthrogram right shoulder. The request for authorization form dated 02/03/2014 was included within the documentation submitted for review. The rationale for the listed request was due to prior MRI scan of the right shoulder indicated a rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, Arthrography.

Decision rationale: The request for MR arthrogram right shoulder is not medically necessary. The injured worker has a history of bilateral shoulder pain and the documentation provided notated that the injured worker has undergone over 60 sessions of physical therapy and acupuncture. The CA MTUS ACOEM states that for most patients with shoulder problems special studies are not needed unless a 4 to 6 weeks period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction and failure to progress in a strengthening program intended to avoid surgery. In addition, the ODG state magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. An MRI may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by an MRI. The conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. Within the documentation submitted for review, an MRI of the right shoulder dated 02/01/2013 noted impression of acromioclavicular (AC) osteoarthritis, subacromial/subdeltoid bursitis, mild supraspinatus tendinosis, and mild infraspinatus tendinosis. However there was a lack of documentation to indicate that there was a labral tear which would warrant a MR arthrography. In addition, there is a lack of documentation to indicate any current functional deficits the injured worker has or that there has been a significant change of condition to warrant imaging at this time. The documentation submitted indicated the injured worker underwent physical therapy and acupuncture; however, there is a lack of documentation to indicate therapy did not improve functional capacity. Overall, there is a lack of documentation to indicate that conservative care and observation failed to improve symptoms. Based on the above noted, the request is not medically necessary.