

Case Number:	CM14-0029541		
Date Assigned:	06/16/2014	Date of Injury:	04/02/2007
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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:

The applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 2, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; shoulder corticosteroid injection therapy; electrodiagnostic testing of January 2013, apparently notable for a widespread peripheral neuropathy at multiple sites; and unspecified amounts of physical therapy over the course of the claim. In a February 25, 2014 Utilization Review Report, the claims administrator denied a request for MR (Magnetic Resonance) arthrography of the shoulder, stating that the applicant had already had left shoulder MR arthrography on November 13, 2013 which was essentially unremarkable. The applicant's attorney subsequently appealed. In a supplemental report dated December 27, 2013, the applicant's treating provider stated that the applicant had had noncontrast MR imaging of the shoulder on November 13, 2013 which was negative for any evidence of a full thickness rotator cuff tear. In another supplemental report dated November 14, 2013, the attending provider stated that the applicant had had ultrasound testing of the bilateral shoulders of October 30, 2013 which was negative for any evidence of a rotator cuff tear. A left shoulder MR arthrogram report of November 13, 2013 was in fact negative for a full thickness rotator cuff tear and demonstrated some possible slight subacromial/subdeltoid bursitis. It appears that MR arthrography of the left shoulder was apparently sought through a handwritten request for authorization form, undated, without any supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MAGNETIC RESONANCE (MR) ARTHROGRAPHY OF THE LEFT SHOULDER BETWEEN 2/20/2014 AND 4/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6: Summary of Recommendations for Evaluating and Managing Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR Arthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208: Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: While the MTUS-adopted ACOEM Guidelines do not specifically address the topic of shoulder MR (Magnetic Resonance) arthrography, the ACOEM does generally note that imaging studies are recommended in applicants with persistent shoulder symptoms which have persisted for greater than one month in whom surgery is being considered for specific anatomic defect. In this case, however, there is no evidence that the applicant is a surgical candidate. There is no evidence that the applicant is actively considering or contemplating shoulder surgery. The attending provider did not proffer any specific rationale for repeat MR arthrography so soon removed from the most recent left shoulder MR arthrogram of November 13, 2013 which, as previously noted, was essentially negative. No rationale for repeat testing has been furnished. Therefore, the request for MR arthrography of the left shoulder is not medically necessary.