

Case Number:	CM14-0037625		
Date Assigned:	06/25/2014	Date of Injury:	03/26/2013
Decision Date:	08/08/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 claimant was injured on 03/26/13. An MRI arthrogram of the shoulder is under review. She reportedly was moving 4 x 8 sheets of plywood onto a rack and one of them fell. An MRI of the left shoulder dated 10/23/13 revealed mild degenerative changes and tendinosis of the supraspinatus with a small partial tear and tendinosis of infraspinatus and subscapularis. She continued complaining of left shoulder pain and was taking medications. She got no relief. There was tenderness over the anterior lateral bursa and she had mildly decreased range of motion with good strength. She had positive impingement signs. A left subacromial cortisone injection was provided and she underwent physical therapy. She reported minimal progress in therapy and was discharged. An arthrogram was recommended because the MRI study was of poor quality but this was questioned by the reviewer. There is no clear mention of an inadequate study on the MRI report. There is no evidence of a possible labral tear on physical examination. The claimant was evaluated by [REDACTED] on 01/03/14. She had temporary pain relief after the shoulder injection. There was significant improvement in her strength and flexibility. She had agreed to an intensive shoulder rehabilitation program. She had diffuse tenderness and decreased range of motion on flexion and abduction with pain. She had bicipital tendinitis and impingement syndrome. Therapy was recommended along with home exercises. On 01/27/14, she had improved flexibility but still had pain. Physical findings showed mildly improved range of motion. The diagnoses were the same. On 02/18/14, she had completed 6 PT sessions but was discharged due to lack of progress. A clinic note stated that the open MRI film is of poor quality. An arthrogram was recommended. She was referred to an orthopedist for a consultation and she saw [REDACTED] on 12/04/13. Her symptoms were worse with activities and did not differ between day or night. She rated the pain at 10/10. The MRI was reviewed. She was on several medications. She had decreased range of motion but no painful arc. There was subacromial

crepitus. There was positive impingement and she had tenderness over the bursae. She had normal strength of the rotator cuff. The left shoulder MRI was deemed as poor quality due to it being an open MRI that there was very minimal subacromial fluid. She needed to work on a home exercise program and received a subacromial injection.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder MRI arthrography.

Decision rationale: The history and documentation do not objectively support the request for an MRI arthrogram of the left shoulder. The claimant had an MRI that showed evidence of tendinosis and a partial tear of the rotator cuff. The ACOEM Guidelines state "arthrography may be recommended to evaluate rotator cuff tears" and 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. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears." In this case, there is no evidence that the MRI that was done was of poor quality or that there were equivocal findings. There is no indication, either, that a labral tear is suspected and is being sought or ruled out. The medical necessity of this request has not been clearly demonstrated.