

Case Number:	CM14-0054272		
Date Assigned:	07/07/2014	Date of Injury:	09/03/2008
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 patient is 46-year-old female who has submitted a claim for rotator cuff tear right shoulder, degenerative arthritis of the right acromioclavicular joint associated from an industrial injury date of September 3, 2008. Medical records from 2013-2014 were reviewed, the latest of which dated March 19, 2014 revealed that the patient complains of pain in the right shoulder at 7/10, described as constant, achy with numbness and tingling that radiates down the full length of the right arm to the top of the right hand. On physical examination, she continues to demonstrate positive Neer's impingement and 90 degrees cross-over impingement tests. Apley's and Hawkin's tests are positive. She has weak abduction against resistance. Range of motion of the right shoulder is approximately 80% of full. There is pain with all motions. MRI arthrogram of the right shoulder dated March 21, 2012 revealed status post rotator cuff repair. There is a near full thickness tear of the rotator cuff involving the junction of the supraspinatus and infraspinatus tendons. Mild osteoarthritis of the acromioclavicular joint with a subchondral enthesophyte. Treatment to date has included right shoulder repair of rotator cuff tear and impingement from the acromioclavicular joint (8/2009), subacromial space steroid injection, and medications, which include tizanidine, tramadol, naproxen, cyclobenzaprine, omeprazole and gabapentin. Utilization review from March 25, 2014 denied the request for right shoulder MR arthrogram because it will provide only minimal information prior to the planned surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MR arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MR Arthrography.

Decision rationale: As stated on pages 557-559 of the ACOEM Guidelines referenced by CA MTUS, criteria for imaging include a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In addition, MTUS states that arthrography may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more when surgery is being considered for a specific anatomic deficit. In many institutions, MR arthrography is usually necessary to diagnose labral tears. In this case, MR arthrogram of the right shoulder was requested to determine what status of the severe tears and retraction are at this time. However, there is no new injury or worsening of the right shoulder pain. The medical necessity of a repeat arthrogram was not established. Therefore, the request for right shoulder MR arthrogram is not medically necessary.