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| Case Number: | CM14-0057192 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 03/13/2013 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 03/28/2014 |
| 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 47 year-old with a date of injury of 03/13/13. The Progress reports associated with the request for services, dated 03/04/14 and 03/17/14, identified subjective complaints of shoulder pain. Objective findings included normal motor function and no functional limitation. The patient had an arthroscopy on 03/04/14 that was reported to be unremarkable. Diagnoses included adhesive capsulitis and partial distal biceps tear. Treatment had included medication and a TENS unit. A Utilization Review determination was rendered on 03/28/14 recommending non-certification of an MRI (Magnetic Resonance Imaging) arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) arthrogram of the right shoulder: Upheld

Claims Administrator 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, MRI Arthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,214.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that an MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging

studies: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems, Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery, or Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). It is also noted that when surgery is being considered, MRI and arthrography have fairly similar diagnostic and therapeutic impact. In this case, the record does not indicate any anticipated surgery. An arthroscopy was already performed. Likewise, the patient does not have any of the above-mentioned indications. Therefore, an MRI (Magnetic Resonance Imaging) arthrogram of the right shoulder is not medically necessary.