MAXIMUS Federal Services

Case Number:	CM14-0069978		
Date Assigned:	07/14/2014	Date of Injury:	12/11/2012
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/15/2014

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:

This is a 46 year old female with a 12/11/12 date of injury. The patient sustained an injury due to repetitive activities in which he was stocking and organizing airplane materials at or above shoulder level. A progress noted dated 4/2/14 states that the patient complains of severe neck pain with spams as well as pain and stiffness in bilateral shoulders, right greater than left. On physical exam, tenderness was noted in the upper arm and forearms, right greater than left. Paresthesia was noted on the volar aspect of bilateral hands, right greater than left. There were positive Tinel's and Phalen's signs at the wrists. Right shoulder exam showed severe tenderness in the subacromial region, AC joint, and biceps tendon. Shoulder abduction was 30 degrees, internal rotation was 10 degrees. Impingement sign was positive. Drop-arm test was positive. A right shoulder MRI on 11/6/12 showed partial thickness tear of supraspinatus and infraspinatus tendons. A repeat right shoulder MRI on 4/23/14 shows no definite evidence of rotator cuff tearing. A right shoulder x-ray series on 1/29/14 showed hypertrophic changes of the AC joint and a downsloping acromion. Diagnostic Impression: right shoulder impingement syndrome. Treatment to date: medication management, modified work conditions, heat wraps, home exercise, physical therapy, right shoulder corticosteroid injection. A UR decision dated 4/21/14 denied the request for MR arthrogram right shoulder on the basis the medical file does not document a significant change in shoulder symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic Resonance) Arthrogram with or without contrast material(s) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 03/31/14), Magnetic Resonance Imaging (MRI).

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 Chapter.

Decision rationale: The California MTUS criteria for shoulder MR arthrogram 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. However, there is no documentation that suggests the presence of any of the above factors. In addition, the primary reason cited for requesting a right shoulder MR arthrogram is that the previous MRI is old, having been done at least 1.5 years prior. However, there is documentation of a new right shoulder MRI dated 4/23/14 which shows no significant changes from 11/6/12. In addition, there is no advantage of MR arthrogram over MRI of the shoulder unless specific labral pathology is suspected. In the present case, there is documentation that supports a diagnosis of impingement and/or rotator cuff pathology but not labral pathology. Therefore, the request for MR (magnetic resonance) arthrogram with or without contrast material(s) for the right shoulder was not medically necessary.