

Case Number:	CM14-0071946		
Date Assigned:	07/16/2014	Date of Injury:	04/20/2012
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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:

According to the records made available for review, this is a 41-year-old male with a 4/20/12 date of injury, and status post right shoulder subacromial decompression, Mumford, and SLAP repair 2/19/13 and status post L3-4 decompression/discectomy 6/13. At the time (5/1/14) of request for authorization for MRI arthrogram right shoulder, there is documentation of subjective (ongoing pain and limitation post-op) and objective (right shoulder healed incision, forward flexion 120, abduction 100, pain with resisted motion, some weakness) findings, imaging findings (right shoulder MRI arthrogram (11/27/13) report revealed postsurgical changes of the acromioclavicular joint; supraspinatus and infraspinatus tendinosis; and postsurgical changes of the labrum and glenoid), current diagnoses (impingement syndrome, shoulder, status post subacromial decompression, Mumford, SLAP repair), and treatment to date (physical therapy, activity modification, medications). 4/23/14 medical report identifies that the patient is having ongoing issues, and that an MRI arthrogram is being ordered to further delineate as the patient remains significantly limited. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram 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, MRI of the Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthrography Other Medical Treatment Guideline or Medical Evidence:Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more; and that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. ODG identifies that subtle tears that are full thickness are best imaged by arthrography and that MR arthrography is usually necessary to diagnose labral tears. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of repeat imaging. Within the medical information available for review, there is documentation of diagnoses of impingement syndrome, shoulder, status post subacromial decompression, Mumford, SLAP repair. In addition, there is documentation of a right shoulder MRI arthrogram (11/27/13) revealing postsurgical changes of the acromioclavicular joint; supraspinatus and infraspinatus tendinosis; and postsurgical changes of the labrum and glenoid. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI Arthrogram Right Shoulder is not medically necessary.