

Case Number:	CM14-0086797		
Date Assigned:	07/23/2014	Date of Injury:	12/01/2009
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 a 42 year old female who was injured on 12/01/2009 while lifting. Prior medication history included Naprosyn, Butalbital, Lyrica, Soma, and Norco. Progress report dated 05/16/2014 indicates the patient presented with complaints of increased pain in her right shoulder, neck, left wrist with associated numbness and tingling. Objective findings on exam revealed range of motion of the neck is full. There is pain with motion. Foraminal compression testing causes pain going to the upper back. Range of motion of the right shoulder is two thirds of normal. There is pain in the subacromial area with weakness. The left shoulder has full range of motion. There is a subacromial area pain and weakness of testing the rotator cuff. There is a positive impingement test on the left. The right wrist has well-healed carpal tunnel scar without pain. Elbow flexion test is positive on the left but negative on the right. Diagnoses are chronic neck pain with disc bulging C5-C6; strain right shoulder with impingement and AC arthritis status post repeat subacromial decompression and Mumford procedure with debridement type I SLAP tear and partial-thickness; bilateral cubital tunnel syndrome; left shoulder impingement as a compensatory injury. The treatment and plan included home exercise program, Norco, and Soma. MRI Arthrogram of the Right Shoulder to rule out a full thickness rotator cuff tears. Prior utilization review dated 05/27/2014 states the request for MRI Arthrogram of the Right Shoulder is denied as repeat MRI is routinely recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE RIGHT SHOULDER, RIGHT 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 : Indications for imaging- Magnetic resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Arthrography.

Decision rationale: This is a request for repeat MRI arthrogram of the right shoulder for a 42-year-old female injured on 12/1/09 with chronic right shoulder pain and decreased range of motion status post right shoulder partial rotator cuff repair, SLAP debridement, subacromial decompression and Mumford procedure on 11/2/11. Repeat right shoulder MRI arthrogram in early 2012 apparently showed subtle labral abnormalities. Repeat right shoulder surgery for decompression, possible biceps tenodesis and labral repair was requested. This apparently was denied due to lack of right shoulder weakness or instability on examination. However, it was later approved after several requests but not done due to lack of approval for an assistant surgeon for possible biceps tenodesis. Thereafter, in April 2014 a repeat right shoulder arthrogram was requested for increasing pain and decreasing right shoulder motion to rule out rotator cuff tear. Right shoulder physical examination findings were decreased range of motion, subacromial pain, rotator cuff weakness, positive provocative biceps maneuvers, and impingement. Medical necessity for repeat right shoulder arthrogram to rule out rotator cuff tear is not established. Medical records do not demonstrate significant interval change in symptoms or findings. Physical examination findings do not clearly suggest rotator cuff tear. Right shoulder surgery has already been approved, and possible rotator cuff tear could be addressed at time of surgery. According to ODG Guidelines, repeat MRI is not necessary in the absence of a significant change in symptoms or examination findings. The request for an MRI Arthrogram of the Right Shoulder is not medically necessary.