

Case Number:	CM14-0088497		
Date Assigned:	07/23/2014	Date of Injury:	08/26/2011
Decision Date:	10/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 35-year-old male with a reported date of injury on 08/26/2011. The injury reportedly occurred when he was using a pipe to break up concrete and hit a rock and the pipe bounced back and hit him on the right shoulder. His diagnoses were noted to include cervical spondylosis without myelopathy, cervical radiculitis, and muscle spasm. His previous treatments were noted to include physical therapy, medications, a TENS unit and trigger point injections. His previous diagnoses were cervical sprain/strain, shoulder sprain/strain, and cervical radiculitis. The progress note dated 04/03/2014 revealed complaints of pain and catches in the neck. The physical exam noted very limited cervical range of motion. The right shoulder physical exam noted range of motion was decreased to 100 degrees with flexion, abduction, mild/moderate tenderness to the acromioclavicular joint. The provider indicated for the injured worker to continue his TENS unit at home. The progress note dated 05/01/2014 revealed complaints of pain rated 6/10 to 7/10. The physical examination was not submitted within the medical records. The provider indicated a shoulder arthrogram was scheduled for that day. The request for authorization form was not submitted within the medical records. The retrospective request was for an MR arthrography of the right shoulder however, the provider's rationale was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for MR Arthrography of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

Decision rationale: The Retrospective Request for MR Arthrography of right shoulder is not medically necessary. The injured worker has had previous right shoulder surgery. The Official Disability Guidelines recommend MR arthrogram as an option to detect labral tears, and for suspected re-tear postoperative rotator cuff repair. MRI is not as good for labral tears and it may be necessary in individuals with persistent symptoms and finding of a labral tear that an MR arthrogram cannot be performed even with a negative MRI of the shoulder, since even with the normal MRI, a labral tear may be presented in a small percentage of patients. Directed MR arthrography can improve detection of labral pathology. If there is any question concerning the distinction between a full thickness and a partial thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR arthrography and rotator cuff disease is better depiction of partial tears from the articular surface. There is a lack of documentation regarding clinical findings consistent with labral tears or suspected re-tear. Therefore, the request is not medically necessary.