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| Case Number: | CM14-0088667 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 01/20/2012 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/07/2014 |
| 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 Orthopedic Surgery and is licensed to practice in New York. 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 40-year-old male driver who was injured on January 20, 2012. The patient has right shoulder pain. The patient had right shoulder arthroscopy, glenohumeral debridement, Bankart labral repair and subacromial decompression. He had treatment in the form of medications, activity restrictions, TENS unit, physical therapy injections and the surgery. Right shoulder MRI from November 2012 shows no evidence of full-thickness tear of the rotator cuff. Patient has had right shoulder injection of a steroid. His shoulder surgery was in August 2013. Right shoulder examination shows excellent range of motion with mild weakness and painful cross chest maneuver. At issue is whether MR arthrography is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrography of 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 arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines do not recommend arthrography as this is not as strongly a sensitive test for rotator cuff tear. MRI imaging is the standard of care to detect rotator cuff

tears. It remains unclear why both arthrography and MRI imaging are needed for this case. Guidelines support the use of MRI imaging and not arthrography. The arthrogram is an outdated test which has largely been replaced by MRI imaging. Guidelines do not support the use of arthrography. The request for MR Arthrography of the right shoulder is not medically necessary.