

Case Number:	CM14-0186727		
Date Assigned:	11/14/2014	Date of Injury:	08/21/2013
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 injured worker is a 38 year old female who was injured on August 21, 2013. Results of the injury dated July 9, 2014 included pain to the neck, shoulder, and arms. The UR decision dated 10/28/14 referred to a progress report dated 10/6/14, which indicated that the patient had a chief complaint of neck pain and right shoulder pain. Objective findings: no numbness and tingling, noted weakness at the right deltoid. The provider was waiting for the authorization of the magnetic resonance (MR) arthrogram of the right shoulder. Diagnosis include cervical radicular syndrome, rule out internal derangement of right shoulder. Treatment to date: anti-inflammatory medication, pain medications, and physical therapy. The UR decision dated 10/28/14 was unclear; however, the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559, Chronic Pain Treatment Guidelines Shoulder Complaints.

Decision rationale: CA MTUS criteria for 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. In addition, MTUS states that arthrography may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more when surgery is being considered for a specific anatomic deficit. In many institutions, MR arthrography is usually necessary to diagnose labral tears. However, in the present case, there is no documentation of red flag pathology or significant neurological deficits. There is no documentation that this patient is a surgical candidate. In addition, there is no documentation as to failure of conservative treatment. Therefore, the request for MR arthrogram of the right shoulder is not medically necessary.