

Case Number:	CM14-0188778		
Date Assigned:	11/19/2014	Date of Injury:	06/11/2001
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 56-year-old female, with a reported dated of injury of 06/11/2001. The result of injury includes the right shoulder, with limited range of motion. The current diagnoses include right shoulder pain. The past diagnoses include pain in the shoulder joint, pain in the arm, right rotator cuff tear, status post right shoulder arthroscopic rotator cuff tear repair on 10/31/2013, with a concern about a recurrent rotator cuff tear. The treatments included MRI of the right shoulder on 05/14/2014, which showed a heterogeneous signal of the rotator cuff indicating tendinosis, partial tears in the anterior supraspinatus component of the cup, synovitis in the subdeltoid bursa, posterior para-labral 5 mm synovial cyst, and tear of the posterior labrum; Norco; cervical steroid injection (CSI) on 05/28/2014, with relief for a couple of days; Lidoderm patch; Ibuprofen; Requip; and physical therapy of the right shoulder from 11/11/2013 through 02/27/2014. The medical records provided shows evidence of six (6) physical therapy sessions. The physical therapy indicated that the injured worker had some discomfort with passive range of motion. The progress report (PR-2) dated 08/06/2014 indicates that the injured worker complained of continuing right shoulder pain after the right shoulder arthroscopy on 10/31/2013. The physical examination showed decreased range of motion, joint pain, and joint swelling, active range of motion forward elevation to 90 degrees, limited assessment 2 out of 2 due to pain and stiffness, and gross sensation with light touch. On 10/21/2014, Utilization Review (UR) denied the request for MRI arthrogram of the right shoulder. The UR physician cited the MTUS/ACOEM Guidelines and the Official Disability Guidelines. The UR physician also noted that an MRI or MRI arthrogram is not recommended for evaluation without surgical indications. The medical records indicate that the injured worker has undergone surgery and physical therapy with continued reduced range of motion and pain, but there was no

documentation that the passive range of motion was greater than the active range of motion, which would show a possible recurrent tear of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

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

Decision rationale: The patient presents with chronic pain affecting the right shoulder 13 years post injury and 1 year post right shoulder arthroscopy. The current request is for an MRI arthrogram of right shoulder. MTUS does not address MR arthrogram. According to the ODG guidelines for MR arthrogram is states, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." In this case the treating physicians report dated 5/14/14 reveals the patient underwent an MRI of the right shoulder that showed tear of the posterior labrum. It is noted that the images were performed without contrast. The treating physician has documented that the patient continues with right shoulder pain but the report dated 8/6/14 notes that the patient is currently working without any restrictions which is an improvement from an earlier report dated 4/14/14 which noted that the patient was not working. While ODG recommends MR arthrogram to detect labral tears and for suspected re-tear post-op rotator cuff repair, the patient had a right shoulder MRI on 5/14/14 that showed tearing of the rotator cuff and a tear of the posterior labrum. A MR arthrogram is not medically indicated as the patient has already been diagnosed with a tear of the supraspinatus and posterior labrum found with the MRI on 5/14/14. Therefore the request is not medically necessary.