

Case Number:	CM14-0195302		
Date Assigned:	12/03/2014	Date of Injury:	07/07/2014
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine 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 58 year old male with the injury date of 07/07/14. Per physician's report 10/14/14, the patient has increased left shoulder pain. Examination reveals "mild to moderate left shoulder subacromial tenderness, mild limitation of left shoulder abduction and external rotation, mild limitation of full composite flexion of all digits left hand." The lists of diagnoses are:1) Left ulnar fracture with increased bone healing2) S/P multiple fractures left hand, improving with therapy3) Left shoulder impingement, industrial in origin from his recent injury4) Bilateral lower extremity problemPer 09/23/14 progress report, the patient has slight soreness in the left ulnar forearm. The patient continues long arm splint and therapy. The 07/18/14 progress report states that the patient has not worked since 07/07/14. X-ray of left forearm from 08/19/14 reveals unchanged minimal callous formation along the distal ulnar shaft. X-Ray of left forearm from 07/22/14 reveals a spiral minimally displaced fracture of the distal ulnar shaft with ulnar and volar displacement of the distal fragment. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 07/08/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

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

Decision rationale: The patient presents with left shoulder pain. The request is for an MR Arthrogram of left shoulder. Review of the reports does not indicate if the patient had a prior MR arthrogram of the left shoulder. The MTUS guidelines do not address MRI's but ODG guidelines states for MR arthrogram of shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram is performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients." Review of reports does not indicate that the patient had shoulder surgery to "suspected re-tear post-op rotator cuff repair" or to detect a labral tear. The examination findings do not raise any suspicion either. The treater does not mention why an MR Arthrogram is needed. The requested MR arthrogram of the left shoulder is not medically necessary.