

Case Number:	CM14-0198428		
Date Assigned:	12/08/2014	Date of Injury:	10/23/2011
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 and 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:

This patient sustained an injury on 10/23/11. Request(s) under consideration include magnetic resonance arthrography of left shoulder. Hand-written illegible report of 10/16/14 from the provider noted the patient with chronic ongoing cervical pain with stiffness; abdominal pain; patient states physical therapy helps alleviate pain. Exam showed "tenderness to cervical spine increased on left side; tenderness on left shoulder with painful and limited range of motion (ROM); abdominal discomfort." Diagnoses included cervical sprain/strain; s/p left shoulder surgery with residual weakness; gastritis due to medication (unspecified). Treatment included continuing with post-op therapy; left shoulder MRA; cervical spine MRI; and internist for gastritis problem. The patient remained off work. The request(s) for magnetic resonance arthrography of left shoulder was non-certified on 10/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Arthrography of Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 08/27/2014) MR Arthrogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209.

Decision rationale: This patient sustained an injury on 10/23/11. Request(s) under consideration include Magnetic Resonance Arthrography of Left Shoulder. Hand-written illegible report of 10/16/14 from the provider noted the patient with chronic ongoing cervical pain with stiffness; abdominal pain; patient states physical therapy helps alleviate pain. Exam showed "tenderness to cervical spine increased on left side; tenderness on left shoulder with painful and limited ROM; abdominal discomfort." Diagnoses included cervical sprain/strain; s/p left shoulder surgery with residual weakness; gastritis due to medication (unspecified). Treatment included continuing with post-op therapy; left shoulder MRA; cervical spine MRI; and Internist for gastritis problem. The patient remained off work. The request(s) for Magnetic Resonance Arthrography of Left Shoulder was non-certified on 10/28/14. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, or specific surgical lesion, the medical necessity for shoulder MRA has not been established. The Magnetic Resonance Arthrography of Left Shoulder is not medically necessary and appropriate.