

Case Number:	CM14-0201975		
Date Assigned:	12/12/2014	Date of Injury:	03/10/2011
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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, 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 52 year-old male with a 3/10/2011 date of injury. The 9/15/14 occupational medicine, Doctors First Report notes the patient was walking from a parking area to the firehouse with a 35 lbs backpack when a mound of dirt gave way and he fell 2-3 feet. It was noted that the patient had chiropractic care initially, then had an MRA of the right shoulder on 6/25/13 that showed a small SLAP tear and partial tear of the rotator cuff. The occupational medicine physician refers out to an orthopedist. The patient saw the orthopedist on 9/30/14, but he was not able to comment on surgery with the MRI from a year ago. According to the 11/7/2014 orthopedic report, the patient presents with right shoulder and back pain. The assessment is right shoulder biceps tendinitis, possible SLAP tear and rotator cuff tear versus partial tear. The orthopedist requested an updated MRI with contrast to clarify the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder MRI with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Arthrography

Decision rationale: The patient is a 52 year-old male who injured his right shoulder when he fell 2-3 feet in dirt while wearing a 35-lbs backpack on 3/10/11. He initially had conservative care with chiropractic treatment. He had an MRA on 6/25/13 that reportedly showed partial cuff tear and SLAP lesion. He apparently did not have a referral for an orthopedist until over a year after the MRA on 9/30/14. The orthopedist was asked to give an opinion on surgery, but was not able to provide accurate details from the old MRA. The orthopedist requested an updated MRA, but Utilization review denied it, stating that there is no record of worsening on exam or records of PT. This request is for right shoulder MRI with contrast. The MTUS/ ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Chapter 9, Special Studies and Diagnostic and Treatment Considerations, pages 207- 209, offers primary criteria for ordering imaging studies including Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG-TWC guidelines, shoulder chapter online, for Arthrography states: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. The available medical records show the patient had an MRA of the right shoulder on 6/25/13 that showed SLAP tear (labral tear) and partial cuff tear. The patient had conservative care with chiropractic care and medications. The first orthopedic consultation is dated 9/30/14, and the orthopedist requested an updated MRA in order to make an accurate treatment recommendation. It has been 4 years since the injury and the patient continues to have shoulder problems. MTUS/ACOEM guidelines shows an indication as failure to progress in a strengthening program intended to avoid surgery. ODG guidelines states MR arthrography is usually better to diagnose labral tears. The request for the updated right shoulder MRA appears to be in accordance with ACOEM and ODG guidelines and would appear to be necessary to move the case forward. The request for one right shoulder MRI with contrast is medically necessary.