

Case Number:	CM14-0206497		
Date Assigned:	12/18/2014	Date of Injury:	05/30/2011
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 47 year old female with an injury date on 5/30/11. The patient complains of right-sided cervical pain, right shoulder pain, right upper extremity radicular symptoms, occasional left upper extremity radicular symptoms that radiates into the hands, and depression per 11/7/14 report. The pain is rated 9/10 currently, and patient also has right upper extremity weakness and neck spasms that interferes with sleep per 10/14/14 report. Based on the 11/7/14 progress report provided by the treating physician, the diagnoses are: 1. cervicalgia 2. right shoulder bursal surface rotator cuff tear 3. right shoulder pain A physical exam on 11/7/14 showed "C-spine range of motion is limited, with flexion at 35 degrees. Right shoulder range of motion is limited with flexion at 95 degrees. Strength of right shoulder girdle is 4+/5 in each direction with pain." The patient's treatment history includes medications, right shoulder arthroscopy from 2012, MRI C-spine, psychiatric visits, physical therapy, and pain management. The treating physician is requesting right shoulder MR arthrogram. The utilization review determination being challenged is dated 12/1/14 and denies request due to lack of evidence of progressive pathology after MRI right shoulder on 7/10/13. The requesting physician provided treatment reports from 5/9/14 to 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder MR Arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic Resonance Imaging (MRI)

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 Arthrography

Decision rationale: This patient presents with neck pain, right shoulder pain, bilateral arm pain and is s/p (status post) right shoulder arthroscopy with bursal surface rotator cuff debridement and subacromial decompression from 5/21/12. The treating physician has asked for Right Shoulder MR Arthrogram on 11/7/14 "because of ongoing shoulder pain." Review of the reports does not show any evidence of shoulder MR Arthrograms being done in the past. MRI of the right shoulder on 7/10/13 (original MRI report not included in documentation) showed "minimal oblique signal in humeral insertion of the supraspinatus tendon. May be related to surgery or tendinopathy" per utilization review dated 12/1/14. Regarding MR Arthrograms, ODG shoulder chapter states they are recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. ODG additionally states: "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 be 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. Direct MR orthography can improve detection of labral pathology." In this case, the patient has ongoing rotator cuff pain, more than 2 years post right shoulder arthroscopy. The treating physician is requesting an MR Arthrogram; it appears because a re-tear is suspected. The requested MR Arthrogram of the right shoulder appears reasonable for patient's ongoing shoulder pain. The request is medically necessary.