

Case Number:	CM14-0207228		
Date Assigned:	12/19/2014	Date of Injury:	09/17/2006
Decision Date:	02/12/2015	UR Denial Date:	11/23/2014
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 the injury date of 09/17/06. Per physician's report 12/04/14, the patient has neck pain at 9/10, shoulder pain at 8/10 and lower back pain at 7/10. There is tenderness over paraspinal musculature with muscle spasms. The lists of diagnoses are: 1) Cervical spine strain/ sprain, rule out herniated cervical disc with radiculitis/ radiculopathy 2) Right shoulder strain/ sprain, rule out tendonitis, impingement, cuff tear, internal derangement 3) Right elbow strain/ sprain, rule out lateral epicondylitis 4) Right wrist strain/ sprain, rule out internal derangement 5) Right hand strain/ sprain, rule out tendonitis, carpal tunnel syndrome 6) Left shoulder strain/ sprain, rule out tendonitis, impingement 7) Left hand strain/sprain, rule out tendonitis, carpal tunnel syndrome 8) Lumbar strain/ sprain, rule out herniated lumbar disc with radiculitis/ radiculopathy 9) Right knee strain/ sprain, rule out internal derangement 10) Left knee strain/ sprain, rule out internal derangement 11) Insomnia 12) Anxiety and depression 13) Trigger finger 4th, right hand 14) Trigger thumb on the left 15) Exogenous weight gained, 40 pounds. Per 10/23/14 progress report, the patient has bilateral shoulder pain at 8/10. EMG/NCV of bilateral upper extremities demonstrates 1) bilateral carpal tunnel syndrome 2) cubital tunnel syndrome on the left. Foraminal compression test and spurling's test are positive. SLR is positive bilaterally. The treater requested MRI of the cervical spine and lumbar spine to establish the presence of disc pathology. The treater also requested "MR arthrogram of the bilateral shoulders to further evaluate the rotator cuff pathology." The utilization review determination being challenged is dated on 11/23/14. Three treatment reports were provided from 09/11/14 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) with Arthrogram left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low Back- Lumbar & Thoracic

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, for MR arthrogram.

Decision rationale: The ODG guidelines, under Shoulder chapter, states for MR arthrogram of shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. An 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." The examination and the patient's clinical presentation do not show suspicion for internal derangement such as rotator cuff/labral tears. The physician requested MR arthrogram of the bilateral shoulders to further evaluate the rotator cuff pathology. However, there is no evidence of a conventional MRI. The request is not for post-operative suspicion of rotator cuff re-tear or labral tear. The request is not medically necessary.