

Case Number:	CM14-0208575		
Date Assigned:	12/22/2014	Date of Injury:	10/08/2009
Decision Date:	02/18/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 27 year old male with an injury date on 10/8/09. The patient complains of right shoulder pain that has increased a few weeks ago due to participating in work per 11/7/14 report. The patient had to take off two days of work due to increased pain/discomfort per 11/7/14 report. The patient describes his right shoulder pain as rated 8/10 on VAS without meds, and 3/10 with meds per 8/8/14 report. The patient also complains of bilateral hand pain, both hands equally symptomatic per 8/8/14 report. The patient reports a new pain in the hands, described as "electrical" in nature and does not feel related to the shoulder per 8/8/14 report. Based on the 8/8/14 progress report provided by the treating physician, the diagnosis is: right shoulder/arm SLAP lesion. A physical exam on 11/7/14 showed "full range of motion of right shoulder, but popping and crepitus with extremes of forward flexion/abduction. No tenderness to palpation of shoulder." The patient's treatment history includes medications only. The treating physician is requesting MRI with arthrogram for the right shoulder. The utilization review determination being challenged is dated 11/26/14 and denies request as patient has no new injury or increase in symptoms. The requesting physician provided treatment reports from 2/3/14 to 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Arthrogram for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI), MR arthrogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, protocol

Decision rationale: This patient presents with right shoulder pain and is s/p right SLAP revision on 3/23/10. The treater has asked for MRI with Arthrogram for the right shoulder on 11/7/14 "because the patient is almost five plus years out from his surgery date, as he is still requiring some [narcotics] we feel it is due diligence to take a look at the labrum and see if there is something else going on." A prior MRI of the right shoulder was not found in the provided documentation. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. ODG guidelines state that repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient is 5 years post right shoulder SLAP repair, with worsening symptoms. The treater is requesting a repeat MRI to rule out a tear of the labrum as another cause of the symptoms. Considering the patient does not have records of any MRI's of the shoulder in the past 5 years, and the patient's symptoms are worsening s/p right shoulder surgery, an updated MRI to check for a labral tear appears in line with ODG guidelines. The request is medically necessary.