

Case Number:	CM15-0130966		
Date Assigned:	07/17/2015	Date of Injury:	03/03/2014
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 33 year old male, who sustained an industrial injury on March 3, 2014. The injured worker reported right shoulder pain due to overuse and heavy use. The injured worker was diagnosed as having status post right shoulder surgery and right shoulder impingement. Treatment to date has included surgery, physical therapy, medication and work hardening. A progress note dated May 12, 2015 provides the injured worker complains of right shoulder pain rated 4/10. His pain is increased with movement use. Physical exam notes slight atrophy of the right hand, tenderness on palpation, decreased range of motion (ROM) and positive impingement. The plan includes MR arthrogram of the right shoulder and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram for 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MR Arthrogram.

Decision rationale: This claimant was injured over a year ago with reported right shoulder pain due to overuse. The worker is status post a right shoulder surgery and right shoulder impingement. As of May 2015, there was ongoing moderate right shoulder pain rated 4/10. His pain is increased with movement use. Physical exam notes slight atrophy of the right hand, tenderness on palpation, decreased range of motion (ROM) and positive impingement. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding shoulder MRI arthrography, the ODG evidence-based guides note that subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. This is based on the research of Oh: Oh CH, Schweitzer ME, Spettell CM, Internal derangements of the shoulder: decision tree and cost-effectiveness analysis of conventional arthrography, conventional MRI, and MR arthrography. *Skeletal Radiol* 1999 Dec; 28(12): 670-8. [REDACTED]

[REDACTED] Arthrography performed with admixed diluted gadolinium, which if negative is immediately followed by MRI, was somewhat more expensive than conventional MRI. However, because of much greater effectiveness, cost-effectiveness was significantly higher for our proposed algorithm. In my view, there are sufficient signs of post surgical shoulder dysfunction that an MR Arthrogram is medically necessary. As the architecture of the shoulder post surgery is altered, the increased sensitivity that the MR Arthrogram affords would make it superior to MRI. I would support a certification on this request.