

Case Number:	CM15-0139985		
Date Assigned:	07/29/2015	Date of Injury:	02/02/2015
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Iowa

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 47 year old male, who sustained an industrial injury on 2/2/2015. He reported an injury to his right shoulder and right elbow. He was diagnosed with right rotator cuff syndrome and cervical spine sprain. Treatment to date has included work restrictions, MRI of the right shoulder, physical therapy, and NSAIDS, topical gels and pain medications. Currently, the injured worker complains of right shoulder pain. He rates his pain a 4-6 on a 10-point scale and notes that he pain is frequent with no improvement since his previous visit. He reports that the pain is aggravated with weather and activities and the pain is relieved with rest and medication. On physical examination the injured worker had a decreased range of motion of the right shoulder and tenderness to palpation of the bilateral trapezius muscle. Exam showed tenderness to palpation and hypertonicity of the right parascapular muscles and tenderness to palpation of the right subacromial spine and biceps tendon. Exam showed positive Speed's Yergason's, Neer's Impingement and Hawkin's test on the right. An MRI of the right shoulder on 3/23/2015 revealed a grossly intact rotator cuff tear, no acute fracture or stress reaction and suggestion of joint capsule thickening without feature of adhesive capsulitis. The diagnoses associated with the request include right shoulder strain, right shoulder long head of the biceps tendonitis and strain and right shoulder capsular strain. The treatment plan includes physical therapy, Kera-tek gel, Tramadol, Naproxen and magnetic resonance angiogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRA of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), (MR Arthrogram). (Magnetic Resonance Imaging (MRI)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), MR arthrogram.

Decision rationale: MTUS does not contain guidelines regarding MR Arthrogram of the shoulder. ODG states that MR arthrogram of the shoulder is recommended as an option to detect labral tears and for suspected re-tear post-op rotator cuff repair. ODG also states it may be necessary even if MRI of the shoulder is negative, since a labral tear may be present in a small percentage of patients. MR arthrogram is recommended if there is any question concerning the distinction between a full-thickness and partial-thickness tear. The medical documentation indicates that MRI was completed 3/25/15 and showed a grossly intact rotator cuff. Although the treating physician does not explicitly state the MRA is for evaluation of labral tear in the request, the physician states it is to evaluate for "internal derangement", and labral tear is mentioned as possible pathology in prior notes. The patient does clearly have shoulder pain that could be caused at least partially by labral pathology, although other conditions could be the primary cause as well. Although the patient does continue to work, there appears to be continuing pain despite conservative therapy of medication and physical therapy. As the labral tear was not diagnosed on MRI is still suspected clinically, it appears appropriate to utilize MRA to completely rule out this cause for the patient's pain, per the guidelines listed above. Therefore, I am reversing the prior utilization review, and the request for MR arthrogram, is medically necessary and appropriate.