

Case Number:	CM15-0168378		
Date Assigned:	09/09/2015	Date of Injury:	01/19/2010
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained an industrial injury on 1-19-10. Diagnoses include rotator cuff tear. Treatments to date include MRI testing, shoulder surgery, TENS treatment, injections and prescription pain medications. The injured worker has continued complaints of left shoulder pain that radiates down to the fingers. Upon examination, there is decreased range of motion and tenderness noted in the left shoulder. Positive Neer and Hawkins testing was noted. An MRI of the left shoulder dated 12-17-14 documented a status post rotator cuff repair without evidence of re-tear. A request for MRI arthrogram for the left shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, MR Arthrogram.

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, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 01/19/10 and presents with left shoulder pain. The request is for MRI arthrogram for the left shoulder to evaluate for internal pathology. The RFA is dated 08/31/15 and the patient's work status is not provided. The patient underwent a rotator cuff repair of the shoulder on 10/21/10 and had a MRI of the left shoulder on 12/17/14, which revealed that the patient was status post cuff repair without evidence of re-tear and small fluid in the subacromial/subdeltoid bursa. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial- thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging 'gold standard' as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear... Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has a limited left shoulder range of motion, a positive Neer test, and a positive Hawkins test. She is diagnosed with shoulder pain and rotator cuff syndrome (left). The treater is requesting for a MRI arthrogram of the left shoulder to evaluate for internal pathology. ODG Guidelines do not support repeat MRI imaging of the shoulders unless the patient presents with a significant change in symptoms or in patients whose physical examination findings suggest significant pathology or decline. In this case, the provider does not document any significant decline in this patient's presentation, and the most recent MRI does not suggest any significant ongoing injury to the joint, which would support the necessity of repeat imaging. Without physical examination findings indicative of a significant pathology or evidence of recent re-injury, the requested imaging study cannot be substantiated. The request IS NOT medically necessary.