

Case Number:	CM15-0182203		
Date Assigned:	09/23/2015	Date of Injury:	03/14/2014
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial-work injury on 3-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, adhesive capsulitis and disorders of bursae and tendons in the shoulder region. Medical records dated (2-11-15 to 8-6-15) indicate that the injured worker complains of continued pain in the left upper back radiating to the neck and head and sometimes down the left arm. The injured worker states that the pain is rated 7 out of 10 on pain scale and may decrease to a 5 or 6 out of 10 with use of transcutaneous electrical nerve stimulation (TENS) and Tylenol. The medical records also indicate that the activity level has remained the same. Per the treating physician report dated 4-8-15 the injured worker stopped working March 6, 2015 and has not returned to work. The physical exam dated 2-11-15 reveals left shoulder shows no atrophy and the flexion is 90 degrees and abduction is 90 degrees. The medical record dated 4-8-15, the physician indicates that she appears in distress with movement of her left upper extremity. When she bends her elbow to 90 degrees she has pain in the forearm and arm. She is able to flex and abduct at the shoulder and she has tenderness to palpation to the triceps, biceps, and diffusely to the left upper trapezius. There are no previous diagnostic reports noted. Treatment to date has included pain medication, Zanaflex, Transcutaneous electrical nerve stimulation (TENS), acupuncture, exercise, physical therapy, work restrictions and off of work. The request for authorization date was 8-7-15 and requested service included Magnetic Resonance Imaging (MRI)-Arthrogram left shoulder. The original Utilization review dated 8-27-15 non-certified the

request as per the ACOEM chapter on shoulder disorders the need is not demonstrated absent the performance, documentation and review of shoulder exam and prior imaging review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI/Arthrogram left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Arthrography, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, left shoulder magnetic resonance arthrogram is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact, although MRI is more sensitive and less specific. MRI may be preferred because of better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best image by arthrography. MRI better demonstrates larger tears and partial thickness tears. In this case, the injured worker's working diagnoses are adhesive capsulitis; shoulder pain; disorders of bursae and tendons shoulder region. Date of injury is March 14, 2014. Request authorization is dated August 7, 2015. According to a February 10, 2015 QME, the injured worker received an MRI of the left shoulder on April 14, 2014. There was no evidence of a supraspinatus or infraspinatus tendon tear. According to an August 6, 2015 progress note, subjectively there were no specific complaints documented. There were no new problems. Medications include Zanaflex 4 mg. objectively, there were vital signs present. There was no physical examination in the record. There is no clinical indication or rationale for ordering an MR arthrogram. The MRI dated April 14, 2014 did not show a rotator cuff tear. There are no significant new symptoms or objective clinical findings indicating a repeat MRI is clinically indicated. Based on the final information in the medical record, peer-reviewed evidence-based guidelines and no significant new clinical symptoms or objective clinical findings indicating an MR arthrogram is clinically indicated, left shoulder magnetic resonance arthrogram is not medically necessary.