

Case Number:	CM15-0202867		
Date Assigned:	10/19/2015	Date of Injury:	04/01/2013
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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 52 year old female injured worker suffered an industrial injury on 4-1-2013. The diagnoses included left shoulder subacromial impingement syndrome. The provider prescribed Hydrocodone with acetaminophen for pain. Most of the submitted documentation pertains to patient's other injuries and pain, specifically carpal tunnel issue. There is very little documentation concerning shoulders. On 8-31-2015 the treating provider reported neck pain rated 9 out of 10, left elbow pain 7 out of 10 and left arm pain rated 7 out of 10. The ultrasound of the left shoulder 9-23-2014 revealed mild bicipital tenosynovitis and lateral adhesive capsulitis. On 9-14-2015, the medical record did not include a physical exam of the left shoulder or indication for the requested treatment. The Utilization Review on 9-22-2015 determined non-certification for MR arthrogram of left shoulder. An MR Arthrogram of the right shoulder dated 7/31/15 was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MR arthrogram.

Decision rationale: There is no appropriate section in the ACOEM or MTUS Chronic pain guidelines that deal with this topic. As per Official Disability Guidelines(ODG), MR arthrogram is recommended as an option to detect labral tears or for suspected re-tear of rotator cuff repair. There is no documented justification, just a brief statement, "Requesting MR Arthrogram of left shoulder". There is no documentation of any exam of the shoulder, conservative care, red flag findings or any reason for why MRA was ordered and not a basic MRI of the shoulder. Documentation does not meet a single indication to approval. MR Arthrogram of shoulder is not medically necessary.