

Case Number:	CM15-0203600		
Date Assigned:	10/20/2015	Date of Injury:	11/15/2014
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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 24-year-old female, who sustained an industrial injury on 11-15-2014. The injured worker is undergoing treatment for: right supraspinatus tendinitis and subacromial bursitis, trigger points in the thoracic spine, and right scapular tendinitis. On 6-24-15, she was seen by QME. She reported right shoulder pain with radiation down to the hand and right side of the neck. She rated her pain 8 out of 10. On 7-10-15, she reported her right shoulder was doing better and continued to radiate pain down the arm to the hand. She rated her pain 4-6 out of 10. On 8-21-15, she reported her symptoms to have been unchanged and radiate. She rated her pain 4-6 out of 10. She indicated medications to help with pain and activities at work and home worsen the pain. Objective findings revealed tenderness and limited range of motion in the neck, negative spurling's test, tenderness and limited thoracic spine range of motion, tenderness and limited range of motion in the right shoulder. The treatment and diagnostic testing to date has included: Kenalog injection (8-21-15), MR arthrogram of right shoulder (12-23-14). Current work status: limited. The request for authorization is for: MR arthrogram of the right shoulder. The UR dated 9-18-15: non-certified the request for MR arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MR arthrogram for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, MR Arthrogram.

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, MR Arthrography.

Decision rationale: Pursuant to the Official Disability Guidelines, repeat MR arthrogram right shoulder 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 right supraspinatus tendinitis and subacromial bursitis; right shoulder pain and strain; and possible labrum tear. Date of injury is November 15, 2014. Request for authorization is September 11, 2015. The documentation shows an MR arthrography of the right shoulder was performed December 23, 2014. The results showed mild supraspinatus tendinosis. The remainder of the cuff is preserved. There is minimal AC joint hypertrophy. According to a September 4, 2015 progress note, the injured worker has dull aching pain in the right shoulder that is unchanged. Pain score is 6/10. Objectively, there is tenderness to palpation with decreased range of motion to abduction only. Motor is 5/5. The injured worker received physical therapy, acupuncture and chiropractic treatment with no change. The documentation indicates the injured worker underwent an MR arthrogram December 23, 2014. There are no significant new symptoms or objective findings documented in the medical record. There is no clinical rationale for repeating the MR arthrogram in the absence of trauma or red flags. There is no documentation of trauma or red flags to the affected shoulder. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no significant new symptoms or objective findings suggestive of significant pathology and no documentation indicating new trauma or red flags to the right shoulder, repeat MR arthrogram right shoulder is not medically necessary.