

Case Number:	CM15-0205263		
Date Assigned:	10/22/2015	Date of Injury:	07/29/2014
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 29, 2014. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for MR arthrography of the shoulder and plain film x-rays of the same. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was not working, it was acknowledged. The applicant had failed physical therapy, injection therapy, NSAID therapy, the treating provider reported. The applicant was on Naprosyn for pain relief; it was stated in another section of the note. Previously performed plain film x-rays of the shoulder demonstrated calcifying tendonitis of the same, as with previously performed MRI imaging of shoulder had also demonstrated calcifying tendonitis with impingement syndrome. MR arthrography of the shoulder and plain films of the same was sought. The attending provider contended that the applicant presentation was suggestive of labral tear. The requesting provider was an orthopedic surgeon it was stated on an attached RFA form dated September 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic): Arthrography (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 671.

Decision rationale: Yes, the request for an MR arthrogram of the shoulder was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of MR arthrography of the shoulder for the diagnosis of labral tear. However, the Third Edition ACOEM Guidelines Shoulder Disorders Chapter notes on page 67 that MR arthrography is recommended for diagnosing labral tears in applicants with subacute or chronic shoulder pain complaints. Here, the applicant had ongoing complaints of shoulder pain, the treating provider, a shoulder surgeon, reported on September 17, 2015. The treating provider contended that applicant's presentation was suggestive or evocative of labral tear. The treating provider stated that earlier noncontrast shoulder MRI imaging had failed to uncover evidence of the same. Moving forward with the proposed MR arthrogram was, thus, indicated to definitively establish the presence of the same. The fact that the requesting provider was a shoulder surgeon significantly increase the likelihood of the applicant's acting on results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.

X-ray of shoulder (2 views): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic): Radiography (2015).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Conversely, the request two-view x-ray of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of radiographic shoulder pain complaints is deemed "not recommended". Here, the attending provider failed to furnish a clear or compelling rationale for selection of plain film imaging of the shoulder to search for suspected diagnosis of labral tear. The attending provider did not state why he was concurrently ordering shoulder plain imaging and shoulder MR arthrography, particularly in the light of the fact that previous plain films of the shoulder had already detected calcifying tendonitis about the same. It was not stated how repeat plain film imaging of the shoulder would advance the detection of the operating diagnosis here. Therefore, the request was not medically necessary.

