MAXIMUS Federal Services

Case Number:	CM15-0208246		
Date Assigned:	10/27/2015	Date of Injury:	04/30/2015
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Tennessee
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 injured worker is a 55 year old male, who sustained an industrial injury on 4-30-2015. The injured worker is being treated for right shoulder contusion rule out rotator cuff tear. Treatment to date has included surgical intervention, diagnostics, therapy, injections, and acupuncture. Per the Hand Specialty Consultation Report dated 10-01-2015, the injured worker reported neck pain and right shoulder pain. He states that it aches on the right side and travels down into the right arm. Acupuncture has been helping. Objective findings included tenderness over the AC joint of the right shoulder with positive impingement test. There is 20 degree loss of active abduction of his right shoulder. Work status was remaining off work until 10-31-2015. The plan of care included, and authorization was requested on 10-05-2015 for magnetic resonance angiography (MRA) of the right shoulder. On 10-14-2015, Utilization Review non-certified the request for MRA of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MR arthrogram of the right shoulder: Upheld

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

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 arthrograms.

Decision rationale: MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. It may be prudent to include an anesthetic in the solution in preparation for shoulder MR arthrography. Non-contrast MRI is sufficient for rotator cuff tears, and contrast enhancement is recommended for SLAP tears. In the past when MRI images and sensitivity were poor, the additional injection of contrast into the shoulder improved interpretation. This is not necessary with modern high field machines. Intraarticular contrast material is helpful in diagnosing labral tears in the shoulder, particularly tears of the anterior labrum. In this case, documentation in the medical record does not support the diagnosis of possible labral tear. In addition, there is no documentation of prior MRI of the shoulder. Medical necessity has not been established. The request is not medically necessary.