MAXIMUS Federal Services

Case Number:	CM15-0212094		
Date Assigned:	11/03/2015	Date of Injury:	03/26/1999
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on March 26, 1999. The injured worker was diagnosed as having left shoulder mild arthritis acromioclavicular joint status post rotator cuff repair with recurrent pain. Treatment and diagnostic studies to date has included status post left shoulder arthroscopy in July of 1999, status post left rotator cuff repair in October of 2000, status post cervical discectomy and fusion in May of 2002, cortisone injection to the left shoulder, x-rays of the left shoulder, and magnetic resonance imaging of the left shoulder. In a progress note dated October 15, 2015 the treating physician reports complaints of "problems with the left shoulder and associated symptoms". Examination performed on October 15, 2015 was revealing for anterior, lateral, and posterior subacromial tenderness, decreased range of motion to the left shoulder, and positive supraspinatus testing on the left. The progress note on October 15, 2015 did not indicate the injured worker's pain level as rated on a visual analog scale. On October 15, 2015 the treating physician noted prior x-rays performed on May 08, 2014 that was revealing for "moderate degenerative joint disease to the right acromioclavicular joint. One small metal anchor in the humeral head." The progress note also included magnetic resonance imaging report of the left shoulder performed on July 9, 2014 that was revealing for "left shoulder with no recurrent rotator cuff tear, mild arthritis." On October 15, 2015 the treating physician requested magnetic resonance imaging arthrogram of the left shoulder to evaluate the rotator cuff. On October 23, 2015 the Utilization Review determined the request for a left shoulder magnetic resonance arthrogram to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MR arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Left shoulder MR arthrogram. The treating physician report dated 10/15/15 (2378B) states, "left shoulder mild arthritis AC joint - status post rotator cuff repair - recurrent pain." The report goes on to state, "MRI-arthrogram of the left shoulder to evaluate rotator cuff." Regarding MR Arthrogram, ODG guidelines state "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." It further states, "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. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." In this case, the patient is status post rotator cuff repair and the treating physician is requesting an MR arthrogram in order to evaluate the rotator cuff for a re-tear as the patient presents with recurring pain of the rotator cuff. The current request satisfies the ODG guidelines as outlined in the "Shoulder" chapter. The current request is medically necessary.