

Case Number:	CM15-0217891		
Date Assigned:	11/09/2015	Date of Injury:	08/01/2005
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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 62 year old injured female who sustained an industrial injury on August 1, 2005. Medical records indicated that the injured worker was treated for bilateral shoulder pain. Medical diagnoses include bilateral supraspinatus rotator cuff tear. In the provider notes dated October 15, 2015, the injured worker complained of bilateral right greater than left shoulder pain. On exam, the documentation stated the right shoulder had slight atrophy of the supraspinatus and infraspinatus. There is decreased muscle strength, range of motion and a positive impingement test. There was positive Yergason and Speed's test. The left shoulder had well healed portal incisions. There was decreased muscle strength, range of motion and positive impingement test. There was pain bilaterally at the endpoints of range of motion. The treatment plan is for medication refills, MRI with arthrogram, right shoulder arthroscopy with rotator cuff repair and modified work duties. A Request for Authorization was submitted for left shoulder MRI with intra-articular contrast arthrogram. The Utilization Review dated October 20, 2015 denied the request for intra-articular contrast arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI with intra-articular contrast, arthrogram: Upheld

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

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, left shoulder MRI with intra-articular contrast, arthrogram is not medically necessary. MRI and arthrography have fairly similar diagnostic outcomes, 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. Larger tears and partial thickness tears are better demonstrated by MRI. In this case, the injured worker's working diagnoses are bilateral supraspinatus rotator cuff tear; bilateral shoulder pain; and supraspinatus tendon tear. Date of injury is August 1, 2005. Request for authorization is October 13, 2015. The documentation indicates the injured worker had bilateral rotator cuff repairs. Two right rotator cuff repairs were performed in 2006 and one left rotator cuff repair was performed in 2007. According to an October 6, 2015 progress note, the injured worker has ongoing bilateral shoulder pain right greater than left. The treating provider is discussing the right shoulder arthroscopy revision with the injured worker. Objectively, there is slight atrophy of the supraspinatus and infraspinatus. Muscle strength testing is 3/5. There is positive impingement and decreased range of motion. According to the treatment plan, the treating provider requested a right shoulder arthroscopy with revision rotator cuff repair and possible labral repair. The treating provider is requesting a right shoulder MRI and left shoulder MRI. The documentation shows an MR arthrogram of the left shoulder was performed March 4, 2013. The documentation indicates the treating provider is requesting a right shoulder arthroscopy with revision. An MR arthrogram of the left shoulder is premature pending completion of the right shoulder revision procedure. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for revision of the right shoulder arthroscopic revision, left shoulder MRI with intra-articular contrast, arthrogram is not medically necessary.