

Case Number:	CM15-0033196		
Date Assigned:	02/26/2015	Date of Injury:	02/26/2014
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 51 year old female, who sustained an industrial injury on 02/26/2014. She has reported subsequent neck, shoulder and elbow pain and was diagnosed with sprain of the shoulder/arm, medial epicondylitis, sprain of the neck, syndrome of the rotator cuff and tendonitis of the shoulder. Treatment to date has included oral and topical pain medication, physical therapy, massage therapy and surgery. In a progress note dated 12/15/2014, the injured worker complained of persistent right shoulder and right arm pain with use of the right arm. Objective physical examination findings were notable for pain with impingement maneuver and tenderness at the deltoid and periscapular muscles and base of the neck. The physician noted that an MRI of the right shoulder was reviewed and that arthroscopic evaluation of the shoulder was recommended. The procedure was performed on 01/22/2015. A request for authorization of MR arthrogram of the right shoulder was made without an explanation as to the reason for the request. On 02/16/2005, Utilization Review non-certified a request for MR arthrogram of the right shoulder, noting that there was no evidence of red flags. ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The patient presents with persistent right shoulder and right arm pain with use of the right arm. The request is for MR ARTHROGRAM RIGHT SHOULDER. The RFA is not provided. Objective physical examination findings were notable for pain with impingement maneuver and tenderness at the deltoid and periscapular muscles and base of the neck. Patient's diagnosis included sprain of the shoulder/arm, medial epicondylitis, sprain of the neck, syndrome of the rotator cuff and tendonitis of the shoulder. Patient is to return to modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pg 207- 209 states: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The patient is reported to have undergone right shoulder surgery on 1/22/15. The request for the MRA was within 3-weeks of the surgery. There was no rationale provided, no mention of infection, new trauma, or injury to support an MRA. MTUS/ACOEM guidelines for special studies states these are not needed unless a 4-6 week period of conservative care and observation fails to improve symptoms. Based on the available information, the request is not in accordance with MTUS guidelines. The request for MR arthrogram of the right shoulder IS NOT medically necessary.