

Case Number:	CM15-0051551		
Date Assigned:	03/25/2015	Date of Injury:	05/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 53 year old female, who sustained an industrial injury on May 11, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervicalgia, cervical disc degeneration, cervical canal stenosis, cervical radiculopathy and possible internal derangement of the right shoulder. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medications. On December 19, 2014, the injured worker complained of neck, arm and hand pain with numbness. She reported her neck still catches when turned to the right and pops painfully. She reported medial elbow pain and symptoms to the wrist and hand. The treatment plan included medications, six sessions with a myofascial specialist and modified work duty. In February 2015, she was noted to have continued cervicalgia and right upper extremity pain syndrome, with pain 7/10. The treating provider requested MR Arthrogram of the right shoulder and nerve conduction studies. On March 5, 2015, Utilization Review non-certified the request for MRA (magnetic resonance angiogram) arthrogram, right shoulder, using CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (magnetic resonance angiogram), Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI), and MR arthrogram.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. For injured workers (IWs) with limitations of activity after four weeks and unexplained physical findings, such as localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis. In addition, the cited ODG states that MRI of the shoulder is recommended when the injured worker has had history of acute shoulder trauma, with suspected rotator cuff tear/impingement, and over age 40. Magnetic resonance arthrogram (MR Arthrogram) is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The treating provider's notes document left shoulder limited abduction, limited ROM, and positive impingement test, but there is no documentation for the right shoulder. In addition, MRI of the right shoulder 4/16/2014, indicated tendinosis of the rotator cuff without any full thickness tearing. Although the injured worker has had long-term pain and has undergone various treatment modalities, the injured worker does not meet criteria per the guidelines without surgical indications. Therefore, the request for MR Arthrogram of the right shoulder is not medically necessary at this time.