

Case Number:	CM15-0055155		
Date Assigned:	04/01/2015	Date of Injury:	09/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female who sustained an industrial injury on 9/12/12 while working as a housekeeper. The mechanism of injury is unclear. She currently complains of intermittent headaches, dizziness, depression, anxiety, sleep difficulty, constant neck pain with radiation to her right arm, intermittent right shoulder, and upper arm pain associated with numbness and tingling and loss of range of motion. Medications, if any were not identified. Diagnoses include right occipital neuralgia; cervicogenic headaches and dizziness; right shoulder labral tear and impingement. Diagnostics include electromyography and nerve conduction study of the upper extremities (8/28/13) showing right C6 radiculopathy; MRI of the brain (5/6/14) with some abnormalities; right shoulder MRI shows labral tear(10/9/12). The last progress note reviewed is dated 2/2/15 and requests surgery for labral tear of the right shoulder. There was no request for MRI Arthrogram of the right shoulder in the documents available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder; MRI Arthrogram.

Decision rationale: Regarding MRI arthrograms, ODG states the following "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. (Murray, 2009) 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. (Steinbach, 2005) The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface." He has an MRI showing a labral tear, and it is no clear what an arthrogram would do in the diagnosis. Therefore, the request is not medically necessary.