

Case Number:	CM15-0059471		
Date Assigned:	04/06/2015	Date of Injury:	11/01/2010
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58-year-old male injured worker suffered an industrial injury on 11/01/2010. The diagnoses included left shoulder impingement syndrome and rotator cuff tear. The injured worker had been treated with medications and right arthroscopic shoulder surgery. On 3/9/2015, the treating provider reported increase of the chronic shoulder pain. On exam, the left shoulder shows significant swelling and redness with tenderness. The treatment plan included MRI Arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI Arthrogram of the left shoulder to rule out tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Arthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging.

Decision rationale: The MTUS states that, "When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific." The ODG goes on to state that, "Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy." The ODG states that the indications for MRI include-Acute shoulder trauma, suspect rotator cuff tear/impingement; over the age of 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no information provided why an MRI arthrogram is preferred over an MRI. Also, his most recent exam fails to document any significant abnormalities on exam consistent with a rotator cuff tear. As such, the request for One (1) MRI Arthrogram of the left shoulder to rule out tear is not medically necessary.