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| Case Number: | CM15-0062094 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 09/09/2009 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 03/12/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 50 year old female who sustained an industrial injury on 09/09/09. Initial complaints and diagnoses are not available. Treatments to date include shoulder surgery and medications. Diagnostic studies are not addressed. Current complaints include bilateral shoulder and neck pain. Current diagnoses include adhesive capsulitis of shoulder and rotator cuff repair. In a progress note dated 02/12/15 the treating provider reports the plan of care as a MR Arthrogram of the left shoulder and continued Tylenol #3 for pain. The requested treatment is a MR 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:

MR Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR Arthrogram.

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

Decision rationale: Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of instability, labral or rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports has not adequately demonstrated the indication for the MR arthrogram as the patient is without specific clinical findings with demonstrated failed conservative care of therapy, medication, and home exercise for the continued chronic symptoms without acute flare, new injury, or progressive deterioration. The MR Arthrogram of the left shoulder is not medically necessary and appropriate.