

Case Number:	CM15-0085136		
Date Assigned:	05/07/2015	Date of Injury:	01/26/2009
Decision Date:	06/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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 injured worker is a 42 year old male who sustained an industrial injury January 26, 2009. He has reported right knee pain, left knee pain, left shoulder pain, and back pain and has been diagnosed with left shoulder status post arthroscopy with Bankart reconstruction and chondroplasty and subacromial decompression on November 22, 2011, right knee post arthroscopy, partial medial meniscectomy, lumbar spine disc disease and facet arthropathy at L4-L5 and L5-S1 causing severe pain, and compensatory left knee pain with medial meniscus tear. Treatment has included physical therapy, injections, and medications. Physical examination showed positive impingement on 1 and 2 testing of the left shoulder. Examination of the right knee showed slight swelling and peripatellar tenderness. Examination of the left knee showed medial joint line tenderness. Examination of the lumbar spine showed stiffness and spasm with decreased sensation to the right lower extremity. The treatment request included 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:

Magnetic Resonance Arthrogram left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder (acute and chronic), arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), MR arthrogram.

Decision rationale: MTUS is silent specifically regarding MRI Arthrogram of the shoulder. Therefore, other guidelines were utilized. ODG states regarding MR Arthrogram of the Shoulder, "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." The treatment notes indicate only shoulder pain and + impingement sign, there is documentation of possible labral tear mentioned. As such, the request for Magnetic Resonance Arthrogram left shoulder is not medically necessary at this time.