

Case Number:	CM15-0086120		
Date Assigned:	05/08/2015	Date of Injury:	08/30/2010
Decision Date:	06/30/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on August 30, 2010, incurring shoulder injuries. She was diagnosed with rotator cuff tear and internal derangement of the right shoulder. Treatment included anti-inflammatory drugs, physical therapy, topical analgesic gel, surgical right shoulder arthroscopic debridement and release. Currently, the injured worker complained of continued right shoulder pain. Upon examination, it was noted a decreased range of motion, decreased strength and increased pain on movement. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the right shoulder under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) with Arthrogram of Right Shoulder, under fluoroscopy: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI with arthrogram right shoulder under fluoroscopy is not medically necessary. MRI and arthroscopy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, 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. MRI and arthroscopy have fairly similar diagnostic and therapeutic impact, although MRI is more sensitive and less specific. MRI may be the preferred investigation because of better demonstration of soft tissue anatomy. Subtle tears that are both thickness are best imaged by arthroscopy whereas larger tears and partial thickness tears are best defined by MRI. In this case, the documentation shows the injured worker had a right shoulder arthroscopy with debridement, subacromial decompression, distal clavicle excision, biceps sheaths release and tenodesis following SLAP repair. In a progress note dated February 26, 2015 the documentation indicates the injured worker was improving with physical therapy. In a March 26, 2015 progress note, the injured worker finished physical therapy, but had persistent pain. The worker is 8.5 months status post surgery. According to a February 21, 2015 appeal letter by the treating provider, the documentation indicates the injured worker did not have a specific new injury. There was persistent pain and tenderness over the rotator cuff with weakness in abduction and external rotation and may have further torn rotator cuff. Pain is aggravated with the use of the arm. A physical therapy progress note dated March 19, 2015 (visit number 24) states the patient tolerated increased intensity to treatment with emphasis on improving overhead mobility and strength. Patient reports having 30% less discomfort post. The injured worker (after 24 physical therapy sessions) should be well versed in exercises to engage in a home exercise program. There is no documentation of a new injury. Consequently, absent clinical documentation of a new injury or physical findings suggestive of worsening physical findings, MRI with arthrogram right shoulder under fluoroscopy is not medically necessary.