

Case Number:	CM14-0119702		
Date Assigned:	09/16/2014	Date of Injury:	05/11/2009
Decision Date:	11/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53-year-old claimant with reported industrial injury of May 11, 2009. Exam June 23, 2014 demonstrates patient is complaining of increased headache, neck pain, low back pain and right shoulder pain. Physical exam is noted to be unchanged from previous exam. Examination of June 23, 2014 demonstrates a pain level of 5-6 out of 10. Pain is noted to be radiating to the arm and head and aggravated by overhead reaching, lifting, pushing, pulling, gripping, twisting, bending, stooping, kneeling, walking and sitting. Diagnosis is made of lumbar disc protrusion, cervical disc protrusion, bilateral lower extremity radiculopathy and right shoulder derangement. Request is made for an MR arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 04/25/14) - Shoulder

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, MR arthrogram

Decision rationale: CA MTUS/ACOEM is silent on the issue of MR Arthrogram. According to the ODG, Shoulder section, MR Arthrogram is indicated for labral tears and suspected re-tear postoperatively following rotator cuff repair. Direct MR arthrography can improve detection of labral pathology. In this case the clinical notes from 6/23/14 does not demonstrate specific orthopedic exam findings concerning for labral pathology. Therefore the request is not medically necessary.