

Case Number:	CM14-0137885		
Date Assigned:	09/05/2014	Date of Injury:	01/26/2011
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 1/26/2011. Mechanism of injury is described as a lifting injury to shoulder. Patient has a diagnosis of cervical and lumbar radiculopathy, right shoulder adhesive capsulitis, bilateral wrist pain and left shoulder pain. Patient is post right shoulder arthroscopy with subacromial decompression and debridement of supraspinatus on 8/2/12. Patient has a diagnosis of depression. Medical reports reviewed. Last report available until 7/30/14. Reports are very brief hand written notes and lack much information. Patient has neck, low back and right shoulder complaints. No other details was documented. Objective exam during note from 7/30/14 was empty. Magnetic Resonance Angiogram (MRA) of right shoulder was part of plan but no justification or explanation was noted on record. Magnetic resonance imaging (MRI) of right shoulder (11/10/11) reveals tendinosis with partial tear of supraspinatus and mild degenerative changes to acromioclavicular joint. Computerized tomography (CT) of right shoulder (8/15/11) was benign. Electromyography (EMG) and nerve conduction velocity (NCV) (6/28/14) of bilateral upper extremity was normal. Medications include Zoloft, Atarax, Norco, and Omeprazole. Independent Medical Review is for "contrast Xray of shoulder". Prior UR on 8/22/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast X-ray of 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, Treatment Index, 12th Edition(web), 2014 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>, <MR arthrogram>

Decision rationale: The request was received as a "contrast Xray of shoulder" but records show that MR arthrogram magnetic resonance imaging (MRI) with contrast was what was requested. There is no appropriate section in the American College of Occupational and Environmental Medicine (ACOEM) or California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines that deal with this topic. As per Official Disability Guidelines (ODG), MR arthrogram is recommended as an option to detect labral tears or for suspected re-tear of rotator cuff repair. There is no justification documented by provider. There is no documentation of any change in exam, red flag findings or any reason for why MRA was ordered and not a basic MRI of the shoulder. "Contrast Xray of shoulder"/MR Arthrogram of shoulder is not medically necessary.