

Case Number:	CM14-0141358		
Date Assigned:	09/10/2014	Date of Injury:	10/11/2001
Decision Date:	11/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59 year old male with an injury date on 10/11/2001. Based on the 07/28/2014 progress report provided by [REDACTED] the patient complains of neck pain, bilateral arm symptoms, right and left shoulder pain, mid back pain, lower back pain, and bilateral leg pain. He describes his pain as constant to severe neck, in his upper extremities, both shoulder joints, thoracic spine, and rib cage. The patient has moderate pain for the lower back and constant sharp burning pain at the posterior aspect of his right leg down to the posterior aspect of his right knee. On examination of the right shoulder: scars are not obvious, moderate tenderness to the dorsal and subacromial space and over the rotator cuff. There is mild plus crepitus with the range of motion. The external rotator cuff show moderate grade 4 weakness, internal grade 5 strength, and the supraspinatus muscle demonstrates moderate grade 4 weakness. The diagnoses include cervical degenerative disc disease; cervical spondylosis; cervical intervertebral disc protrusion; fusion of cervical spine; cervical radiculitis; subacromial impingement; strain of tendon of the rotator cuff of should; post-traumatic osteoarthritis in right shoulder; post-traumatic osteoarthritis in left shoulder; thoracic disc degenerative disease; thoracic spondylosis; fusion of spin; thoracic region; lumbar disc degenerative disease; lumbar spondylosis; lumbar intervertebral disc protrusion; fusion of lumbar spine; lumbar sacral radiculitis and tobacco abuse. [REDACTED] is requesting for a right shoulder MR (magnetic resonance) arthrogram. The utilization review determination being challenged is dated 08/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/2014 to 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MR arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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)

Decision rationale: According to the 07/28/2014 report by [REDACTED], this patient presents with neck pain, bilateral arm symptoms, right and left shoulder pain, mid back pain, lower back pain, and bilateral leg pain. The physician is requesting for a right shoulder MR arthrogram to "to see what could be identified to potentially be corrected." The MTUS Chronic Pain Medical Treatment Guidelines do not address the request for MR arthrogram. According to the ODG Guidelines, an MR arthrogram is "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. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." Report 07/28/14, surgical procedural history indicated patient underwent a right shoulder rotator cuff repair in April 2002 and a right shoulder decompression in 2012. In this case, there is no evidence of an MR arthrogram following 2012 surgery. The patient continues to be symptomatic and ODG guidelines would appear to support follow-up MR Arthrography for suspected labral pathology and RC tear. Therefore the request is medically necessary.