

Case Number:	CM14-0166008		
Date Assigned:	10/13/2014	Date of Injury:	07/19/2012
Decision Date:	11/14/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain 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:

The injured worker is a 60 year-old male with a date of injury of 7/19/2012. The patient's industrially related diagnoses include chronic shoulder pain, rotator cuff tear, and chronic upper extremity pain. The patient has a history of left shoulder arthroscopic labral repair surgery dated February 12, 2013. The patient is on pain medications, including narcotics. The disputed issue is a request for MRI arthrogram. A utilization review determination on 9/27/14 had noncertified this request. The stated rationale for the denial was that the patient had previous left shoulder MRI on 7/28/14 already, and there already demonstration of a full thickness rotator cuff tear. Additional imaging was therefore not felt to be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) arthrogram of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. In the case of this injured worker, previous left shoulder MRI on 7/28/14 demonstrated a full thickness rotator cuff tear of the supraspinatus. The patient has a history of left shoulder arthroscopic labral repair surgery dated February 12, 2013. There is documentation in a progress note on 9/26/2014 that the patient may be a candidate for further surgery or total shoulder replacement. There is documentation of a recent change in pathology of left upper extremity pain and weakness. Therefore, an MRI with arthrography can be more sensitive in this case to identify labral tear issues than an MRI without gadolinium as previously done. In this case, MRI with arthrogram is medically necessary.