

Case Number:	CM14-0167809		
Date Assigned:	10/15/2014	Date of Injury:	05/29/2014
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 40 year old male with an injury date on 05/29/2014. Based on the 09/04/2014 progress report provided by [REDACTED], the diagnoses are: 1. RC syndrome- Rt shoulder2. Sprain Lt Ankle3. Strain of RT wristAccording to this report, the patient complains of right shoulder pain that is a 4-6/10 on the pain scale. "Shoulder ROM adequate but end range pain. Weakness is noted with abduction, external rotation, and push off. Jobs and Apprehension test are positive. A MRI of the right shoulder on 05/08/2014 indicates "supraspinatus and infraspinatus tendinosis with minimal intrasubstance tearing. "There were no other significant findings noted on this report. The utilization review denied the request on 09/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/30/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter under MR arthrogram

Decision rationale: According to the 09/04/2014 report by [REDACTED] this patient presents with right shoulder pain that is a 4-6/10 on the pain scale. The provider is requesting MR arthrogram of the right shoulder. Regarding MR Arthrogram, ODG guidelines state "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." It further states, "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. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." Review of the reports show that the patient had a "supraspinatus and infraspinatus tendinosis with minimal intrasubstance tearing" per MRI report on 05/08/2014. In this case, the requested MR arthrogram appears reasonable given partial tear of RCT, and additional evaluation of labral tear. Therefore, this request is medically necessary.