

Case Number:	CM14-0168733		
Date Assigned:	10/16/2014	Date of Injury:	09/08/2013
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 35 year old female with an injury date of 09/08/13. Based on the 09/15/14 progress report by [REDACTED] the patient complains of pain in the right shoulder girdle extending to right upper extremity. Per progress reports dated 09/15/14, physician states that MRI has some areas of concern, therefore he requests arthrogram. Per 08/22/14 progress report by [REDACTED], the patient "is not able to perform a right shoulder exam because of the intensity of pain in the right shoulder/right interscapular region with movement of the right arm." Patient is temporarily totally disabled. MRI Right Shoulder 06/27/14- glenoid labra appeared intact throughout- long head biceps tendon is normal in intrinsic signal and in position- no appreciable acromioclavicular osteoarthritis- glenohumeral joint appears normal- impression: mild supraspinatus tendinopathy negative for rotator cuff tear. normal remainder half right shoulder MRIDiagnosis 08/22/14- cervical disc injury C5 - C6 - C7, right with spasm, mild nerve root impingement, mild radiculopathy- cubital tunnel syndrome with additional ulnar nerve compression at the Guyons' canal (wrist) bilateral as evident on recent EMG/NCV- mild supraspinatus tendinopathy confirmed on recent MRI of the right shoulder, orthopedic consultation pending- moderate right carpal tunnel confirmed in recent EMG/NCV [REDACTED] [REDACTED] is requesting Right Shoulder Arthrogram. The utilization review determination being challenged is dated 09/15/14. The rationale is "the patient's previous imaging on 06/27/14 determined that there was no partial-or full-this rotator cuff tear or glenoid labral tearing. Repeat diagnostic imaging is not medically necessary since there is no consideration of surgery as well." [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 09/10/13 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

Decision rationale: The patient presents with pain in the right shoulder girdle extending to right upper extremity. The request is for Right Shoulder Arthrogram. Her diagnosis dated 08/22/14 includes mild supraspinatus tendinopathy confirmed on recent MRI 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." MRI Right Shoulder dated 06/27/14 reveals that "glenoid labra appeared intact throughout. Impression: mild supraspinatus tendinopathy, negative for rotator cuff tear." Per progress reports dated 09/15/14, physician states that MRI has some areas of concern, therefore he requests arthrogram. Given the ODG guidelines support for MR arthrogram for labral tear, the request is considered medically necessary.