

Case Number:	CM14-0183313		
Date Assigned:	11/10/2014	Date of Injury:	02/22/2013
Decision Date:	12/17/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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 46 year-old male with date of injury 02/2/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/22/2014, lists subjective complaints as pain in the left shoulder. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the left shoulder revealed tenderness to palpation of the bicipital groove. Range of motion was restricted except for full pronation and supination. Supraspinatus was slightly weak and lift-off elicited pain. Diagnosis: 1. Left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MR Arthrogram left shoulder to rule out labral tear: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Shoulder

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

Decision rationale: According to the Official Disability Guidelines, shoulder arthrography is recommended as listed below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. For this reason, I am reversing the previous utilization review decision. Repeat MR Arthrogram left shoulder to rule out labral tear is medically necessary.