

Case Number:	CM13-0055627		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2013
Decision Date:	03/06/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old male was injured on 02/28/2013 while being employed. On Physician's Progress Report dated 10/17/2013 he complained of right shoulder pain, the injured worker was noted to be undergoing physical therapy for same. Physical examination of right shoulder revealed no swelling, mildly positive Obrien's test with a noted "popping" per injured worker. The injured worker diagnosis was as followed: Rule out derangement, joint, shoulder. He was on a medication regimen of Ibuprofen. Treatment plan included MRI Arthrogram to Rule out shoulder derangement or other pathology. The injured workers work status was noted as full duty with no restrictions. On 10/24/2013 Utilization Review modified a MR Arthrogram shoulder to MRI right shoulder, noting the medical necessity as modified. The MTUS, ACOEM Guidelines, ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE ARTHROGRAM (MRA) OF THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder MR Arthrogram

Decision rationale: MTUS is silent specifically regarding MRI Arthrogram of the shoulder. Therefore, other guidelines were utilized. ODG states regarding MR Arthrogram of the Shoulder, 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. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. The treatment notes indicate only shoulder pain at end of range of motion. While the treating physician writes about a possible rotator cuff injury or ruling out derangement, the medical notes do not substantiate the concern for this diagnosis. As such, the request for MRI Arthrogram right shoulder is not medically necessary at this time.