

Case Number:	CM14-0060208		
Date Assigned:	07/09/2014	Date of Injury:	07/10/2008
Decision Date:	06/08/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 7/10/2008. He reported left side and shoulder pain. The injured worker was diagnosed as having thoracic spine strain and left shoulder strain, status post left shoulder superior labrum anterior and posterior tear repair, status post left revision subacromial decompression. Treatment to date has included imaging, medications, physical therapy, home exercises, and chiropractic treatment. The request is for magnetic resonance imaging arthrogram of the left shoulder. On 3/28/2014, he has continued left shoulder pain after 2 prior left shoulder surgeries. The treatment plan included: magnetic resonance imaging arthrogram, and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation ODG guidelines, Shoulder (acute & chronic) Chapter, MR Arthrogram.

Decision rationale: Based on the 03/28/14 progress report provided by treating physician, the patient presents with left shoulder pain. The patient is status post 2 left shoulder arthroscopies 2008 and 2010, per 01/02/14 report. The request is for MRI ARTHROGRAM OF THE LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 03/28/14 includes status post left shoulder tear repair, and status post left revision subacromial. Physical examination to the left shoulder on 03/28/14 revealed tenderness to palpation over the anterolateral aspect of the acromion and AC joint. Weakness of the abductors; restricted and decreased range of motion, especially on abduction 120, and forward flexion 15 degrees. Treatment to date has included imaging, medications, physical therapy, and home exercises, and chiropractic treatment. The patient has been off-work since December 2013, per 03/28/14 progress report. Treatment reports were provided from 01/02/14 - 09/18/14. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208 states, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines, Shoulder (acute & chronic) Chapter under MR Arthrogram states: "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Guidelines also state, "If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." UR letter dated 04/11/14 states "...There has been no attempted conservative treatment in two years and the only reason to perform MR arthrogram would be for the purpose of undergoing surgery." Per 03/28/14 progress report, treater states "with this patient's history of two prior arthroscopic surgical procedures on the left shoulder, and the continuing pain in the left shoulder, it is felt he has some scarring over the rotator cuff of the left shoulder which may involve the acromion and distal end of the left clavicle. There is also felt to be some tearing of the rotator cuff, possibly partial thickness." Per 01/02/14 progress report, the patient had MRI of the left shoulder on September 2008 which revealed "a possible SLAP tear, with possible extension of the tear to the biceps anchor." The patient underwent arthroscopic SLAP repair, debridement of small anterior labral tear of glenohumeral joint 12/02/08. Repeat MRI scan dated 02/08/10 revealed extensive SLAP tear, and patient underwent "extensive debridement of the anterior and superior labrum" 03/30/10. ODG guidelines support the use of MR arthrogram for detection of labral tears. In this case, it has been almost 4 years since surgery and patient continues with pain. Treater has stated suspicion regarding potential labral tear. It does not appear patient had MR arthrogram to left shoulder following second arthroscopic procedure. This request appears reasonable and to be in accordance with guidelines. Therefore, the request IS medically necessary.