

Case Number:	CM15-0010539		
Date Assigned:	01/28/2015	Date of Injury:	11/23/2012
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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 40 year old female, who sustained an industrial injury on November 23, 2012. She has reported a repetitive strain injury. The diagnoses have included a repetitive strain injury, right shoulder rotator cuff injury, status post right shoulder rotator cuff repair and myofascial pain syndrome. Treatment to date has included medications, rest, home exercise program, physical therapy and surgery. Currently, the injured worker complains of pain in the right shoulder which is aggravated with activities. She has a normal gait and uses no assistive device for balance and ambulation. The right shoulder is positive for tenderness to palpation with painful range of motion. She has myofascial tightness in the right trapezius as well and significant pain in the right biceps and triceps area. Pain with range of motion of the right shoulder is noted. Abduction is 50% of normal, flexion and extension is also 50% of normal. She has decreased musculoskeletal strength on the right side compared to the left side and decreased strength with elbow flexion and extension. Her arm abduction and adduction. She had decreased strength and external rotation. On January 12, 2015, Utilization Review non-certified a request for an MRI right shoulder with arthrogram, noting that that the documentation submitted does not suggest any red flag pathology to justify the request. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of MRI right shoulder with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder with arthrogram: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation shoulder chapter supports MRI chapter 'Shoulder (Acute & Chronic)' topic 'MR Arthrogram'

Decision rationale: The 40 year old patient complains of ongoing right shoulder pain with abduction, flexion and extension at 50% of normal, as per progress report dated 01/05/15. The request is for MRI OF THE RIGHT SHOULDER WITH ARTHROGRAM. The RFA for this request is dated 01/05/15, and the patient's date of injury is 11/23/12. The patient is status post right shoulder rotator cuff repair on 05/28/14, as per progress report dated 01/05/15. Diagnoses, as per the same progress report, included repetitive strain injury, right shoulder rotator cuff injury, and myofascial pain syndrome. Medications, as per progress report dated 01/02/15, included Hydrocodone-acetaminophen, cyclobenzaprine and amitriptyline. The patient is temporarily totally disabled, as per progress report dated 01/05/15. ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. ODG Guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', state that Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Regarding MR arthrogram, ODG guidelines, chapter 'Shoulder (Acute & Chronic)', and topic 'MR Arthrogram', state the following: 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. In this case, a review of the available progress reports does not indicate prior MRI arthrogram. The patient is status post right shoulder rotator cuff repair on 05/28/14, as per progress report dated 01/05/15. In the same progress report, the treater requested for an MRI with arthrogram to assess her injury of right shoulder as the patient is not responding to surgery and therapy. ODG guidelines also allow MR arthrograms for suspected re-tear post-op rotator cuff repair. Hence, the request IS medically necessary.