

Case Number:	CM15-0112311		
Date Assigned:	06/18/2015	Date of Injury:	05/13/2014
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, California
 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:

The applicant is represented 47-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 13, 2014. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for a MR arthrogram of the shoulder, citing a June 4, 2015 order form in its determination. The claims administrator also referenced earlier non-contrast shoulder MRI imaging of October 6, 2014 low-grade partial thickness articular supraspinatus tear. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of shoulder pain, exacerbated by lifting, standing, pushing, and pulling. Ancillary complaints of reflux were noted. The applicant was off work, it was acknowledged. The attending provider referenced the earlier non-contrast shoulder MRI of October 6, 2014 demonstrating a low-grade partial thickness supraspinatus tendon tear. Naprosyn, Prilosec, Ultracet and Norco were prescribed. The attending provider stated that the applicant shoulder problem was getting progressing worsening. The applicant was asked to pursue a right shoulder arthroscopic acromioplasty. The attending provider also ordered lumbar MRI imaging and MR arthrography of the shoulder. Little-to-no rationale was furnished in the support of the request for shoulder MR arthrography.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder with fluroscopic guidance for needle placement:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR ARthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 208. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Shoulder Disorders, pg 672.

Decision rationale: Yes, the proposed shoulder MR arthrogram of the shoulder with associated fluoroscopic guidance for knee replacement was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically the address the topic of MR arthrography, the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that one of the primary criteria for ordering imaging studies of the shoulder is clarification of anatomy prior to the invasive procedure. Here, the applicant was apparently in a process of pursuing a shoulder arthroscopic acromioplasty, suggested on the June 4, 2015 office visit on which the MR arthrogram was ordered. It did appear, thus, that the MR arthrogram was intended for anatomic clarification purposes/preoperative planning purposes. The Third Edition ACOEM Guidelines Shoulder Chapter likewise notes that MR arthrography is recommended for diagnosing articular- sided partial thickness rotator cuff tears in select applicants with chronic shoulder pain, as was present here. Here, the applicant had failed extensive conservative involving treatment involving the injured shoulder. The applicant was seemingly intent on pursuing a surgical remedy for the injured shoulder; it was suggested on June 4, 2015. The historical shoulder MRI imaging of October 6, 2014 was likely too dated for preoperative planning purposes. Moving forward with the planned MR arthrogram was, thus, indicated. Therefore, the request was medically necessary.