

Case Number:	CM15-0120785		
Date Assigned:	07/01/2015	Date of Injury:	09/11/2008
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 59 year old female, who sustained an industrial injury on 9/11/08. Initial complaints were not reviewed. The injured worker was diagnosed as having left shoulder rotator cuff impingement; acromioclavicular joint pain; status post left acromioplasty Mumford/SLAP repair; adhesive capsulitis left shoulder. Treatment to date has included physical therapy; acupuncture; cortisone injection acromioclavicular joint/subacromial space; medications. Currently, the PR-2 notes dated 5/11/15 indicated the injured worker complains of left shoulder pain. The provider recommended the injured worker on her last visit to continue her shoulder rehab program with therapy, home exercises, Celebrex and ice. On this visit, the injured worker reports her pain has increased in the last two months which attributes to walking. She complains of pain in the lateral deltoid area. She is not working. Objective findings for the left shoulder document range of motion are 180/90/80 and there is tenderness at the AC joint. The impingement sign is positive and there is no rotator cuff weakness but she has pain with abduction strength testing. On this visit, the provider injected her AC joint and subacromial space with cortisone and lidocaine which had no effect on her pain. The provider's treatment plan included a MR Arthrogram left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram, Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), 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 medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MR Arthrogram, Left Shoulder is not medically necessary at this time.