

Case Number:	CM15-0120998		
Date Assigned:	07/01/2015	Date of Injury:	03/28/2006
Decision Date:	11/10/2015	UR Denial Date:	06/04/2015
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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 65 year old male who sustained a work-related injury on 3-28-06. Medical record documentation on 5-18-15 revealed the injured worker was being treated for bilateral shoulder rotator cuff syndrome with possible recurrent tear of the rotator cuff. He reported persistent pain in the bilateral shoulders and noted that it had worsened. He reported dull throbbing pain which increased with activities and awakened him from sleep. He was status post bilateral shoulder arthroscopy. Objective findings included anatomical alignment of the bilateral shoulders and tenderness to palpation over the anterior cuff. He had pain with range of motion of the bilateral shoulders. He had a positive impingement and Hawkins sign and his rotator cuff strength was 4+ - 5. A request for magnetic resonance arthrogram of the left shoulder as an outpatient was received on 5-22-15. On 6-4-15 the Utilization Review physician determined MRI of the left shoulder as an outpatient was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: MR arthrograms.

Decision rationale: MR arthrogram of the shoulder is 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. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. It may be prudent to include an anesthetic in the solution in preparation for shoulder MR arthrography. Non-contrast MRI is sufficient for rotator cuff tears, and contrast enhancement is recommended for SLAP tears. In the past when MRI images and sensitivity were poor, the additional injection of contrast into the shoulder improved interpretation. This is not necessary with modern high field machines. In this case there is no documentation of change in the patient's symptoms or physical examination. There is no documentation of failure of conservative therapy. Medical necessity has not been established. The request is not medically necessary.