

Case Number:	CM15-0123905		
Date Assigned:	07/08/2015	Date of Injury:	08/07/2008
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: Family Practice

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 67-year-old male sustained an industrial injury on 8/07/08. He subsequently reported right shoulder pain. Diagnoses include rotator cuff syndrome and right shoulder pain. The injured worker continues to experience right shoulder pain. Upon examination, there was tenderness to palpation, positive cup, positive impingement, 4/ 5 strength noted. A request for MRI arthrogram of the right shoulder was made by the treating physician.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6 Summary of Evidence for Evaluating and Managing Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints Magnetic Resonance Imaging.

Decision rationale: The MTUS/ACOEM and the Official Disability Guidelines comment on the use of Magnetic Resonance Imaging (MRI) in the evaluation of shoulder complaints. The MTUS/ACOEM Guidelines recommend MRI for preoperative evaluation of partial- thickness or large full thickness rotator cuff tears. The Official Disability Guidelines, in comparing MRI vs an MRI Arthogram state the following: Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. In this case, the records indicate that the diagnosis for this patient's shoulder condition is a Rotator Cuff Injury. Based on the above cited guidelines an MRI is indicated. The ODG supports MRI over MRI Arthrography. There is no information provided in the medical records to justify the need for an MRI Arthogram over an MRI. In the Utilization Review process, the request for an MRI Arthogram was modified to support an MRI of the right shoulder. This action is consistent with the above cited guidelines. In summary, an MRI Arthogram is not considered as medically necessary.