

Case Number:	CM15-0179306		
Date Assigned:	09/21/2015	Date of Injury:	02/01/2011
Decision Date:	11/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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, Massachusetts

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:

This 59 year old female sustained an industrial injury on 2-11-11. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder, wrist and hand pain. Previous treatment included right shoulder surgery (2014) and right carpal tunnel release times two. In the only documentation submitted for review, a Doctor's First Report of Occupational Injury dated 7-20-15, the injured worker complained of bilateral shoulder pain and bilateral wrist and hand pain and numbness. Physical exam was remarkable for left shoulder with "restricted" range of motion and minimal crepitus, tenderness to palpation of bilateral forearms, some swelling of the left wrist and positive bilateral carpal compression test, Phalen's test and Tinel's test. X-rays of the left shoulder and bilateral wrists taken during the office visit were normal. The physician's impression was mild impingement syndrome of the left shoulder. The treatment plan included magnetic resonance imaging left shoulder to rule out a labral tear, updated electromyography and nerve conduction velocity test of bilateral upper extremities and a prescription for Naproxen Sodium. On 8-17-15, Utilization Review non-certified a request for left shoulder MR arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Arthrogram.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/ MR Arthrogram.

Decision rationale: According to cited guidelines arthrogram is an appropriate imaging test to rule out labral tear, as "MRI is not as a 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 a negative MRI, since even with a normal MRI a labral tear may be presents". The IW has findings on physical exam and symptoms consistent with suspected labral tear. Considering false negative rate of MRI, MR arthrogram is medically necessary.