MAXIMUS Federal Services

Case Number:	CM15-0179699		
Date Assigned:	09/21/2015	Date of Injury:	06/30/2015
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/12/2015

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 a represented [redacted] beneficiary who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 30, 2015. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for an MR arthrogram of the shoulder. An August 14, 2015 office visit and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On said August 14, 2015 RFA form, an MR arthrogram of the shoulder was sought. In an associated progress note of the same date, August 14, 2015, the applicant reported ongoing complaints of shoulder pain, moderate, 5/10. The applicant was working with restrictions in place, it was stated. The applicant's past surgical history made no mention of the applicant's having had prior shoulder surgery. 5/5 shoulder strength was noted despite some positive provocative testing about the shoulder. The applicant was given 160 degrees of shoulder flexion and abduction. MR arthrography of the shoulder was sought. The specialty of the requesting provider was not clearly stated, although it did not appear that the requesting provider was a shoulder surgeon. It was not stated how the proposed MR arthrogram would influence or alter the treatment plan.

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 right shoulder to rule out tear: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Shoulder (Acute & Chronic) Chapter - MR arthrogram.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Shoulder Disorders, pg. 672. Recommendation: MR Arthrogram for Select Diagnosis of Impingement, Rotator Cuff Tendinosis or Tears, and Subacromial Bursitis in Patients with Subacute or Chronic Shoulder Pain MR arthrography is recommended for diagnosing articular side partial thickness rotator cuff tears, subscapularis tears, and labral tears in select patients with subacute or chronic shoulder pain. Indications - Patients with subacute or chronic shoulder pain with symptoms or clinical suspicion of impingement, rotator cuff tendinosis or tears and subacromial bursitis or other concerns about the shoulder joint requiring MR imaging. Those with subacute or chronic pain should generally have failed additional non-operative treatment including NSAID, exercise and injection(s). Strength of Evidence - Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for an MR arthrogram of the right shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MR imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the August 14, 2015 office visit at issue made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. It was not stated how (or if) the proposed MR arthrography would influence or alter the treatment plan. While the Third Edition ACOEM Guidelines Shoulder Chapter does recommend MR arthrography for the purpose of diagnosing partial thickness rotator cuff tears, subscapularis tears, and/or labral tears, here, again, the attending provider's August 14, 2015 progress note made no mention of the applicant's having had prior shoulder surgery, having a suspected labral tear, having a suspected partial thickness rotator cuff tear, etc. The attending provider failed to furnish a clear or compelling rationale so as to augment the request at home. Therefore, the request was not medically necessary.