

Case Number:	CM15-0179925		
Date Assigned:	09/21/2015	Date of Injury:	08/02/2012
Decision Date:	10/28/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 45-year-old female worker with a date of injury 8-2-12. The medical records indicated the injured worker (IW) was treated for medial and lateral epicondylitis and rotator cuff syndrome, not otherwise specified. She was on modified work duty, working full time. In the 8-13-15 progress notes, she noted "slight relief" of right and left shoulder pain after recent injections. Objective findings on 8-13-15 included tenderness in the acromioclavicular joint and rotator cuff. Abduction was 150 degrees in the right shoulder and 140 degrees in the left. Treatments included physical therapy (initial treatment), without improvement; home exercise program; cortisone injections; right shoulder surgery (1-2013) with 24 sessions of physical therapy; and left shoulder arthroscopy and physical therapy (3-2014). The treatment plan included magnetic resonance arthrogram of the bilateral shoulders and physical therapy. No previous MRIs or x-rays were submitted. A Request for Authorization dated 8-13-15 was received for magnetic resonance arthrogram of the bilateral shoulders. The Utilization Review on 8-22-15 non-certified the request for magnetic resonance arthrogram of the bilateral shoulders due to lack of recent conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA for bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013: Shoulder Disorders, clinical measures, Diagnostic investigations, MR arthrogram Gill TK, Shanahan EM, Allison D, Alcom D, Hill CL. Prevalence of abnormalities on shoulder MRI in symptomatic and asymptomatic older adults. Int J Rheum Dis. 2014 Oct 8.

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

Decision rationale: There is no appropriate section in the ACOEM or MTUS Chronic pain guidelines that deal with this topic. ACOEM deals with basic MRIs. As per Official Disability Guidelines (ODG), MR arthrogram is recommended as an option to detect labral tears or for suspected re-tear of rotator cuff repair. Patient has chronic bilateral shoulder pain post surgery. There is no documentation of any change in exam, recent conservative care, red flag findings or any reason for why MRA was ordered and not a basic MRI of the shoulder. There are no recent imaging reports provided. Provider has not documented rationale for MRA request or how it will change management. MR Arthrogram of shoulders is not medically necessary.