

Case Number:	CM15-0072976		
Date Assigned:	04/23/2015	Date of Injury:	01/08/2013
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 49-year-old male, who sustained an industrial injury on 1/8/13. He reported pain in his neck, back and bilateral shoulders related to continuous trauma. The injured worker was diagnosed as having cervical stenosis, cervical herniation, lumbar disc bulge, right shoulder rotator cuff syndrome and left shoulder rotator cuff tear. Treatment to date has included bilateral shoulder MRI, physical therapy, chiropractic therapy, and pain medications. As of the PR2 dated 3/11/15, the injured worker reports 9/10 pain in the cervical spine, lumbar spine and right upper extremity. The treating physician noted a positive Hawkins test in the bilateral shoulders. The treating physician requested a MR arthrogram of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The 50-year-old patient complains of pain in the cervical spine, lumbar spine, right shoulder, right arm, right wrist, right hand, and right fingers, along with sleep issues and headaches, as per progress report dated 03/11/15. The request is for MR ARTHROGRAM OF THE BILATERAL SHOULDERS. There is no RFA for this case, and the patient's date of injury is 01/08/13. The patient has rated the pain at 9/10, as per progress report dated 03/11/15, and has been diagnosed with cervical stenosis at C6-7, cervical disc herniation at C6-7, lumbar disc bulge, right shoulder rotator cuff syndrome, and left shoulder rotator cuff tear. The patient has been allowed to return to modified work, as per the same progress report. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208 states, Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. ODG guidelines under the shoulder chapter states that MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. The ODG for MR arthrogram states, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Guidelines also state that If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. In this case, the patient underwent an MRI of the bilateral shoulders in 2013, as per progress report dated 03/11/15. MRI of the right shoulder revealed rotator cuff tendonitis. MRI of the left shoulder revealed small full thickness tear in the distal supraspinatus tendon, and the treating physician, therefore, recommended MR arthrogram "for confirmation." Subsequently, in the same report, the physician is requesting for MR arthrogram for bilateral shoulders "due to a previous MRI showing possible full thickness rotator cuff tears." ODG guidelines support MR arthrogram for labral tears and to differentiate full-thickness vs. partial-thickness tears. In this case, no symptoms are discussed regarding LEFT shoulder. There is no suspicion for labral tears on either shoulder with no pertinent exam findings. The request IS NOT medically necessary.