

Case Number:	CM15-0096607		
Date Assigned:	05/26/2015	Date of Injury:	05/22/2014
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/19/2015

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, Pain Management

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 48 year old male, who sustained an industrial injury on May 22, 2014, incurred left shoulder injuries after heavy lifting. Treatment included pain medications, physical therapy, anti-inflammatory drugs, cortisone injections, without relief, and work restrictions. He was diagnosed with rotator cuff syndrome of the left shoulder, rotator cuff disease and left shoulder arthropathy. Currently, the injured worker complained of ongoing left shoulder pain with loss of strength and worsens with attempts to elevate his arm above shoulder level. The treatment plan that was requested for authorization included Magnetic Resonance Arthrogram of the left shoulder.

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 ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram.

Decision rationale: Regarding the request for MR arthrogram of the shoulder, CA MTUS does not address the issue. ODG cites that it is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as 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 negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. Within the documentation available for review, it appears that the patient has persistent symptoms/findings despite conservative treatment including injections. An MRI was apparently done in the past, demonstrating no rotator cuff tear, mild degeneration of the labrum with no labral tear detected, moderate AC arthrosis, and a type I acromion with narrowed subacromial space. As the patient has persistent symptoms/finding despite conservative management, no rotator cuff or labral tear detected on MRI, and clinical suspicion for a labral tear per the requesting provider, an MR arthrogram appears reasonable. In light of the above, the currently requested MR arthrogram of the shoulder is medically necessary.