

<b>Case Number:</b>	CM13-0002642		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 22 year-old female cashier for [REDACTED], who was injured on 3/19/12 when she attempted to lift a car battery off the countertop and felt a pulling pain in the left arm from the shoulder to the wrist. She has been diagnosed with: left shoulder impingement syndrome with history of rotator cuff tear, rule out superior labrum anterior and posterior (SLAP) lesion per MRI; left elbow medial epicondylitis with cubital tunnel syndrome; left elbow lateral epicondylitis

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder MRI Arthrogram:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 551-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** According to the 6/12/13 report from [REDACTED], the patient has increasing left shoulder pain and the subacromial injections did not help. Impingement is positive, Speeds was positive. MRI was inconclusive, and the arthrogram was to evaluate the labrum and to evaluate for rotator cuff tears. MTUS/ACOEM recommends MRI and MRA but does not provide

specific details. ODG states: " Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. (Oh, 1999) (Magee, 2004)" The request appears to be in accordance with both MTUS/ACOEM guidelines and the ODG guidelines.