

<b>Case Number:</b>	CM13-0020125		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Family Practice 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:

The patient is a 57-year-old female who reported a work related injury on 05/18/2000, as a result of repetitive motion to the right shoulder. The patient subsequently underwent arthroscopic surgery of the right shoulder on 05/18/2011 for debridement of a torn glenoid labrum and release of the long head of the biceps with a subacromial decompression and distal clavicle excision. The patient postoperatively attended 26 sessions of physical therapy. The most recent clinical note submitted for review with an evaluation of the patient is dated from 04/25/2013. Clinical note documents the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient is on permanent modified work restrictions. The provider documents upon physical exam of the patient, the patient's right shoulder reveals abduction at 120 degrees with 3/5 abduction strength and flexion of the right shoulder to 170 degrees with 3/5 flexion strength, and internal rotation with extension to the L5 vertebral level. There was no swelling or sign of infection to the shoulder. Sensation, motor function, and circulation were normal to the right upper extremity per the provider. The provider documents due to the patient's concern about her right shoulder remaining weak and painful, an MR arthrogram of the right shoulder was recommended to evaluate for tear of the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) Arthrogram, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence recent physical exam findings of the patient to support the requested imaging study. In addition, the clinical notes did not indicate when the patient last underwent imaging studies of the right shoulder. The provider did not document why MRI arthrography was indicated over a traditional MRI for the patient's right shoulder symptomatology. California MTUS/ACOEM does not specifically address the request. Official Disability Guidelines indicate MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The provider additionally did not document how long the patient has been presenting with complaints of decreased motor strength and range of motion about the right shoulder. Given all the above, the request for magnetic resonance imaging (MRI) Arthrogram, right shoulder is not medically necessary or appropriate.