

<b>Case Number:</b>	CM13-0028115		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/15/2006
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/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 injured worker is a 46 year old female who reported an injury on 01/15/2006. The mechanism of injury reportedly occurred when a co-worker dropped a box on her head. Her diagnoses included neck and right shoulder pain. Her past treatments included medications, work modifications, use of a sling, acupuncture, physical medicine and cortisone injections. The injured worker's diagnostic studies included magnetic resonance imaging of the right shoulder. Her surgical history included a right shoulder arthroscopy with rotator cuff repair and subscapular release repair. Within the clinical note dated 08/27/2013 the injured worker complained of neck and shoulder pain. The provider noted the injured worker was 4 months status post right shoulder arthroscopic surgery and she was still having lots of pain and spasms. Upon physical examination she was noted to have limited range of motion to the right shoulder with pain in all directions. The injured worker's medication regimen was not provided. The treatment plan was for a magnetic resonance arthrogram. The rationale for the request for the magnetic resonance arthrogram was to assess the right shoulder. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR ARTHOGRAM FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The request for magnetic resonance arthrogram is not medically necessary. The injured worker is a 46 year old female who has neck and right shoulder pain. The California MTUS/ACOEM Guidelines note MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. Imaging may be indicated when red flags are present upon physical examination, when there is physiologic evidence of tissue insult or neurovascular dysfunction, and when patients fail to progress in a strengthening program. The Official Disability Guidelines recommend magnetic resonance arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The clinical documentation submitted included a physical examination on 08/27/2013 which indicated the injured worker was four and a half months post right shoulder arthroscopy and the injured worker had continued pain and spasms. examination. The documentation submitted does not include a recent assessment of the injured worker's condition. The clinical documentation submitted does not indicate the injured worker has significant findings indicative of pathology in the shoulder including decreased range of motion, significant weakness, and positive provocative testing or a suspected re-tear of the rotator cuff repair of the right shoulder. The injured worker's need for a magnetic resonance arthrogram for the right shoulder is not demonstrated within the submitted documentation. As such, the request for magnetic resonance arthrogram for the right shoulder is not medically necessary.