

<b>Case Number:</b>	CM13-0028543		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/06/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Occupational 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.

### 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 applicant has filed a claim for chronic shoulder, neck, midback, low back, and elbow pain reportedly associated with an industrial injury of November 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy and physical therapy, transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and extensive periods of time off of work. The applicant, it is incidentally noted, has alleged pain secondary to cumulative trauma as opposed to a specific injury. In a utilization report of September 9, 2013, the claims administrator apparently denied a request for MR arthrography of the elbow. No guidelines were specifically cited. A later note of December 13, 2013 is notable for comments that the applicant is set to undergo right shoulder surgery apparently endorsed by a shoulder surgeon on October 4, 2013. The applicant apparently wishes to proceed with the same. In the interim, the applicant is pursuing manipulative therapy, acupuncture, and a CPAP while remaining off of work, on total temporary disability. The applicant is also having issues with psychological stress, it is noted. A shoulder surgery report of October 4, 2013 is notable for comments that the applicant did undergo an MR arthrogram of the right shoulder which demonstrates bursitis and subacromial and subdeltoid bursa. The applicant has tenderness about the right greater tuberosity, positive signs of internal impingement, diminished shoulder range of motion with flexion and abduction in 110- to 130-degree range. The actual MR arthrogram of September 19, 2013 is officially read as showing no rotator cuff injury or displaced labral tear, mild acromioclavicular osteoarthritis, and trace amount of fluid within the subacromial/subdeltoid bursa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The MTUS does not address the topic of MR arthrography. The MTUS-Adopted ACOEM Guidelines in chapter 9 do discuss stand-alone arthrography but not address the topic of whether or not to perform an arthrography with concomitant MRI imaging. As noted in the third edition ACOEM Guidelines, MR arthrography is recommended for diagnosing labral tears in individuals with subacute or chronic shoulder pain. MR arthrography can also be employed to diagnose partial rotator cuff tears, subscapularis tears, and/or subacromial bursitis in individuals with chronic shoulder pain. In this case, the fact that the claimant had failed other nonoperative treatments including time, medications, physical therapy, manipulative therapy, etc. does make a compelling case for the MR arthrography, as of the fact that the applicant ultimately elected to pursue shoulder surgery based on the results of the same. Accordingly, the original utilization review decision is overturned. The request is certified.