

<b>Case Number:</b>	CM13-0031827		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine & Rehabilitation 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 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 54-year-old female who reported an injury on 12/24/2010 after lifting a heavy basket, causing injury to her neck, bilateral shoulders, bilateral hands, and low back. The patient underwent right shoulder surgery and was treated postoperatively with physical therapy. The patient also developed a frozen left shoulder status post left shoulder surgery and was treated with physical therapy. The patient's most recent physical exam findings of the cervical spine revealed limited range of motion described as 80 degrees in flexion and 85 degrees in extension with tenderness to palpation of the paravertebral musculature. Physical findings of the left shoulder include limited range of motion described as 50 degrees in abduction, 50 degrees in forward flexion, 10 degrees in internal rotation, 10 degrees in external rotation, and 30 degrees in extension. Physical findings for the right shoulder included range of motion described as 120 degrees in abduction, 120 degrees in forward flexion, 60 degrees in internal rotation an, 30 degrees in external rotation, and 30 degrees in extension. The patient's diagnoses included cervical strain, status post bilateral shoulder surgery with poor results, and stiffness and weakness of the right hand. The patient's treatment plan included an MR arthrogram and home health care. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance angiogram (MRA) of the right shoulder, as outpatient:** 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 Chapter, Arthrography.

**Decision rationale:** The requested magnetic resonance arthrogram of the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent shoulder pain complaints and restricted range of motion; however, American College of Occupational and Environmental Medicine recommend MR arthrogram to assist in surgical planning for patients with suspicion of a labrum tear. The clinical documentation submitted for review documents that the patient is not a surgical candidate. Therefore, the need for MR arthrogram is not clearly identified. As such, the requested magnetic resonance arthrogram for the right shoulder is not medically necessary or appropriate.