

<b>Case Number:</b>	CM13-0040841		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Orthopedic Sports Medicine 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 to her left shoulder on 4/29/10. The mechanism of injury was not specified. The clinical note dated 12/19/13 indicates the injured worker having previously undergone a surgical intervention at the left shoulder. However, the note indicates the injured worker continued with complaints of swelling and pain. Upon exam, no significant provocative findings were identified at the left shoulder. 4/5 strength was identified throughout the left upper extremity. The note indicates the injured worker utilizing Naproxen for ongoing pain relief. The clinical note dated 12/11/13 indicates the injured worker complaining of upper neck pain. The utilization review dated 09/18/13 resulted in a denial for a left shoulder arthrogram as a lack of information had been submitted confirming the need for the diagnostic study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthrogram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** The documentation indicates the injured worker complained of left shoulder pain with associated swelling. An arthrogram is indicated at the shoulder provided the injured worker meets specific criteria to include completion of conservative treatment and the injured worker is continuing with significant functional deficits. There is an indication the injured worker has swelling of the left shoulder. However, no information was submitted regarding the injured worker's range of motion or specific strength deficits within the shoulder. Additionally, it is unclear the injured worker has completed any conservative treatments addressing the left shoulder complaints. Given these factors, the request is not indicated as medically necessary.