

<b>Case Number:</b>	CM13-0042111		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient reported a date of injury of 07/20/2013. Per treating physician's report 09/25/2013, the patient presents with head pain, neck pain, midback and low back pain, left shoulder and left elbow pain, left knee radiating symptoms to both legs. The treating physician has asked for MR arthrogram of the left shoulder including MRIs of the other areas of injury. Examination showed left shoulder with marked pain over the biceps tendon and subacromial bursa, flexing and abducting to about 45 degrees. No prior imaging studies other than x-rays of the left shoulder are noted.

### 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 OF THE LEFT SHOULDER BETWEEN 10/7/2013 AND 11/21/2013: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

**Decision rationale:** This patient presents with persistent left shoulder pain who has not improved with conservative care. The treating physician has asked for MR arthrogram. ODG Guidelines states that MR arthrogram and regular MRI have fairly similar diagnostic and therapeutic impact comparable accuracy. Subtle tears that are full-thickness are best imaged by arthrography, whereas larger tears and partial thickness tears are best defined by MRI. In most situations, MR arthrography is usually necessary to diagnose labral tears. In this patient, the patient has failed to improve with conservative care and there are suspicions for impingement and a labral tear. The treating physician has asked for MR arthrogram and the request appears reasonable and consistent with guidelines. Recommendation is for authorization.