

<b>Case Number:</b>	CM13-0051261		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Sports Medicine and is licensed to practice in Texas and New York. 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 40-year-old male who reported an injury on 03/20/2009. The mechanism of injury occurred when the injured worker was replacing a piece of wood on a balcony, that had rotten wood and he began to fall. The injured worker then grabbed a piece of wood so that he would not fall and immediately felt pain in his neck and left shoulder. On 10/11/2013, the physical exam revealed that the injured worker had good range of motion and a negative Slocum's and impingement sign. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of residual rotator cuff tear of left shoulder. The past treatment methods included a left shoulder arthroscopic subacromial decompression on 08/04/2010, physical therapy, exercise/conditioning, and a triple injection to the subacromial space on 09/26/2013. A list of the current medications for the injured worker was not submitted. The physician requested an MR arthrogram. The rationale for the request was not provided within the medical records. The Request for Authorization form was dated 11/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR ARTHROGRAM OF THE LEFT SHOULDER:** Upheld

**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) Shoulder, MR arthrogram.

**Decision rationale:** The injured worker has a history of left shoulder pain. The Official Disability Guidelines state that MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. On physical examination, the injured worker had good range of motion of the left shoulder and a negative Slocum's and impingement sign. There is a lack of documentation upon physical exam which demonstrates pathology for which and MR arthrogram would be indicated. The requesting physician did not provide current documentation, including an adequate and complete assessment of the injured worker demonstrating significant objective signs and symptoms which would indicated the injured worker's need for an MR arthrogram. There is no documentation of shoulder instability, sharp popping, or a catching sensation during movement. Due to lack of documentation, the request is not medically supported at this time. Given the above, the request for MR arthrogram of left shoulder is not medically necessary.