

<b>Case Number:</b>	CM13-0071963		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and Rehabilitation 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:

The injured worker is a 36 year old female who reported a lifting injury to her shoulder on 04/26/2012. Within the clinical note dated 01/28/2014 the provider reported the injured worker had intermittent pain in the shoulder. The physical exam reported well healed scars and unremarkable orthopedic testing to the right shoulder with all range of motion within the shoulder intact. In addition, the injured worker underwent shoulder resection on 02/01/2013 and completed physical therapy following the surgery. The request for authorization is not found within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MR ARTHROGRAM RIGHT SHOULDER 73040:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 561-563. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder, Arthrogram.

**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 request for MR arthrogram of the right shoulder is non-certified. The Official Disability Guidelines recommend it as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The diagnoses within the clinical notes include impingement syndrome and does not identify the etiology of the pain to be consistent with a labral tear or suspected re-tear post-op rotator cuff repair. The injured worker did not have significant findings upon physical examination indicative of pathology to the right shoulder. Hence, the request is not medically necessary and appropriate.