

<b>Case Number:</b>	CM14-0005119		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational Medicine 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:

Patient is a 43-year-old female who has submitted a claim for right shoulder impingement associated with an industrial injury date of 07/09/2013. Medical records from 2013 were reviewed. Patient complained of right shoulder pain aggravated by reaching and pulling. Physical examination revealed good active forward elevation and abduction with pain at end-range. Motor testing showed weak supraspinatus graded 4/5. O'Brien's, Neer's, Hawkin's and impingement tests were positive. X-ray of the right shoulder, dated 7/9/13, showed no acute fracture. MRI of the right shoulder, dated 9/24/2013, revealed mild rotator cuff tendinopathy without full or partial-thickness tear; moderate acromioclavicular osteoarthritis with edema surrounding the acromioclavicular joint. Treatment to date has included cortisone injection and six sessions of physical therapy. Utilization review from 12/20/2013 denied the request for MR Arthrogram of the right shoulder because a previous MRI was done revealing no full or partial-thickness tear. Moreover, the medical records did not specify significant changes in the physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE (MR) ARTHROGRAM OF THE RIGHT SHOULDER:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 557-559.

**Decision rationale:** According to pages 557-559 of the CA MTUS ACOEM Occupational Medicine Practice Guidelines, the criteria for MR Arthrogram include a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In addition, MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and may be the preferred investigation because it demonstrates soft tissue anatomy better. In this case, patient has persistent right shoulder pain despite physical therapy and cortisone injections. This is corroborated by objective findings of weakness, painful range of motion, and positive provocative tests. MRI of the right shoulder, dated 9/24/2013, revealed mild rotator cuff tendinopathy without full or partial-thickness tear. The documented rationale for MR Arthrogram is due to poor quality of previous MRI with some artifact motion noted. However, there was no significant change in the objective findings or worsening of symptoms, which may support a repeat diagnostic test. Moreover, there was no evidence that patient is being considered a candidate for surgery. Lastly, patient only had six sessions of physical therapy to date, thus, any consideration that patient had failure of conservative care is still premature. Of note, MR Arthrogram was accomplished on 2/5/2014 revealing mild imbibitions of contrast into the supraspinatus tendon suggesting mild tendinosis; without evidence of labral tear. Guideline criteria were not met. Therefore, the request for mr arthrogram of the right shoulder is not medically necessary.