

<b>Case Number:</b>	CM14-0013421		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/13/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 13, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and earlier shoulder arthroscopy on April 21, 2010. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for an MR arthrogram of the shoulder. Non-MTUS ODG Guidelines were invoked, although these guidelines were not incorporated into the report's rationale. The applicant's attorney subsequently appealed. A July 22, 2013 progress note is notable for comments that the applicant had persistent complaints of shoulder and neck pain, 4/10. The applicant exhibited stiffness and limited range of motion about both the neck and shoulder, it was noted, with occasional popping and clicking of the latter. Shoulder range of motion was limited with flexion to 100 degrees and abduction to 80 degrees. A selective nerve root block at C3 and MR arthrography of the shoulder were sought while the applicant was placed off of work, on total temporary disability until the next visit. On January 6, 2014, the applicant was described as having persistent complaints of shoulder pain. Flexion and abduction were again limited to the 100-degree range with pain noted on testing. The applicant was having difficulty reaching overhead and was having difficulty sleeping on his shoulder. The applicant was using Lorcet, Motrin, and Flexeril, it was acknowledged. The applicant was not working. MR arthrography of the shoulder was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 MR ARTHROGRAM OF THE RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation ACOEM, Shoulder, Diagnostic and Treatment Considerations, Diagnostic Testing and Other Testing, Magnetic Resonance (MR) Arthrogram.

**Decision rationale:** The MTUS does not specifically address the topic of shoulder MR arthrography; however, the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that imaging studies may be considered for an applicant whose limitations due to consistent symptoms have persisted for one month or more, particularly when an applicant is considering surgery for specific anatomic defect. It is further noted that the Third Edition ACOEM Guidelines Shoulder Chapter notes that MRI arthrography is recommended for diagnosing labral tears in applicants with subacute and/or chronic shoulder pain who have failed nonoperative treatment. In this case, the attending provider has posited that the applicant in fact has mechanical pain about the shoulder with associated clicking and locking about the same, has markedly limited shoulder range of motion with flexion and abduction consistently reported in the 90- to 100-degree range, had failed to return to work, and may, in fact, be a candidate for further shoulder surgery. MR arthrography to clearly delineate the presence or absence of the labral tear is therefore indicated. Accordingly, the request is medically necessary.