

<b>Case Number:</b>	CM14-0019137		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 69-year-old male who reported an injury on 04/15/2013, due to a lifting injury. The clinical note dated 09/03/2013 noted the injured worker presented with complaints of difficulty with motion and discomfort, and post right shoulder arthroscopic surgery on 06/27/2013. Upon physical exam of the right shoulder, the injured worker had positive impingement syndrome, positive Hawkin's, and diffuse tenderness. The range of motion values were 100 degrees of elevation, 80 degrees of abduction, 70 degrees of internal rotation, and 80 degrees of external rotation. The injured worker's diagnoses were massive nonrepairable rotator cuff tear of the supraspinatus and infraspinatus tendon with retraction, AC joint arthritis, status post resection, degenerative labral tear, near complete biceps tendon tear, and synovitis. The injured worker's treatment plan was to continue with physical therapy, home exercise, medication, and work modification. The provider recommended an arthrogram of the right shoulder. The rationale for the request was not provided within the documents submitted for review. The Request for Authorization Form was not included in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR-ARTHROGRAM OF THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The request for an arthrogram of the right shoulder is not medically necessary. CA MUTS/ACOEM state magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRIs are more sensitive and less specific. An MRI may be a preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears to full thickness are best imaged by arthrography where larger tears and partial thickness tears are best defined by the MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many situations MR arthrography is usually necessary to diagnose labral tears. The included medical documents lack evidence of positive orthopedic tests that would be indicative of a labral tear. There is lack of evidence of symptoms that would indicate that the injured worker had a labral tear, or signs and symptoms such as pain with overhead reaching, a sense of instability, decreased range of motion, and decreased strength. As such, the request is not medically necessary.