

<b>Case Number:</b>	CM14-0019138		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/03/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 65-year-old male who has filed a claim for right shoulder strain associated with an industrial injury date of April 15, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder pain with slight improvement, currently rated at 7/10 from previously 10/10. Physical examination reveals mild limitation in range of motion, diffuse tenderness and positive for impingement syndrome and Hawkin's test. Treatment to date has included NSAIDs, surgery and physical therapy. Utilization review, dated February 3, 2014, denied the request for MR arthrogram of the right shoulder because citing MTUS/ODG guidelines, information provided did not establish if guidelines were met therefore, it is not medically necessary.

### 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MR Arthrography.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. In this case, patient underwent right shoulder arthroscopy on 06/27/2013. Patient has been diagnosed with massive non-repairable rotator cuff tear of the supraspinatus and infraspinatus tendon, as well as a degenerative labral tear. Given that the pathology has been detected, there is no additional need for additional ancillary examinations. Medical records submitted and reviewed failed to provide a compelling indication for further imaging at this time. There is no current plan for therapeutic procedure that may warrant further investigation by utilizing MR arthrogram. Therefore, the request for MR arthrogram of the right shoulder is not medically necessary.