

<b>Case Number:</b>	CM14-0115456		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 08/06/2012. The mechanism of injury was not provided for clinical review. The diagnoses included right shoulder re-tear of rotator cuff, right shoulder impingement syndrome, right-sided C6 radiculopathy, right elbow ulnar nerve entrapment, right shoulder biceps tenosynovitis, double crush syndrome. Previous treatments included medication, transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. Diagnostic studies include nerve conduction velocity/electromyography (NCV/EMG). Previous surgeries included status post right shoulder arthroscopy rotator cuff repair and biceps tenodesis on 02/24/2014. Within the clinical note dated 06/18/2014, it was reported the injured worker complained of severe pain during work with his job duties. The injured worker complained of radiating pain to the hand. He complained of numbness in his hand and forearm with worsening neck pain. On the physical examination, the provider noted the injured worker's strength was 4-/5 elevation and 4/5 elevation. The provider indicated the injured worker had tenderness to palpation from the medial-to-medial epicondyle. The provider indicated the EMG/NCV on 04/08/2014 was normal. The provider requested a magnetic resonance imaging (MRI) with arthrogram to evaluate healing of repair. Request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder with arthrogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation (ODG-TWC), Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** The injured worker complained of severe pain with job duties. He complained of radiating pain to his hands and pain in his forearm. The injured worker complained of worsening neck pain. The California MTUS/ACOEM Guidelines note a magnetic resonance imaging (MRI) with arthrogram is recommended as an option to detect labral tears also for suspected postoperative rotator cuff repair. The provider's rationale was not provided for clinical review warranting the medical necessity for an MRI with arthrogram. The guidelines note an MR arthrogram is recommended for suspicion of re-tear postoperatively of the rotator cuff; however, there is lack of documentation indicating the provider suspected such a tear. The request is not medically necessary.