

<b>Case Number:</b>	CM14-0133268		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 34-year-old male who reported an injury on 04/27/2013. The mechanism of injury was not provided. The injured worker's diagnoses included cervical radiculitis and status post labral superior labrum anterior and posterior (SLAP) repair and subacromial decompression with residual loss of range of motion and weakness. The injured worker's past treatments included medications, surgery, and physical therapy. The injured worker's diagnostic testing included official x-ray of the cervical spine, right wrist, and right elbow, dated 04/03/2014. The injured worker's surgical history included arthroscopic subacromial decompression and superior labral repair on the right shoulder, date not provided. In the clinical note dated 07/02/2014, the injured worker complained of residual right shoulder pain. The injured worker indicated he has attended 3 postoperative physical therapy sessions. The injured worker had tenderness about the right and left paracervical muscles, 30% loss of cervical motion, head compression test, reproduced pain about the right and left paracervical muscles, right trapezius, and right upper arm. The right shoulder had range of motion with flexion at 160 degrees, abduction 150 degrees, and external rotation 70 degrees. The injured worker had positive Neer's impingement test and Hawkins test. The injured worker's motor strength was slightly decreased in abduction and external rotation on the right rated 4/5. The injured worker had normal sensation to the right shoulder. The injured worker's medications were not provided. The request was for Arthro MRI of the right shoulder. The rationale for the request was to assess the healing of the previous labral repair and rule out progressive rotator cuff tear. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthro MRI of the Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Shoulder

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

**Decision rationale:** The request for Arthro MRI of the right shoulder is not medically necessary. The injured worker is diagnosed with cervical radiculitis and status post arthroscopic superior labral SLAP repair and subacromial decompression with residual loss of range of motion and weakness. The injured worker indicated he attended 3 postoperative physical therapy sessions. The injured worker complains of residual right shoulder pain. The California MTUS/ACOEM Guidelines recommend MRI when there is an emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure as needed. For most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Relying on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began, and therefore, has no temporal association with the symptoms. The injured worker has not completed his physical therapy sessions for postoperative superior labral SLAP repair. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. The injured worker's range of motion of the right shoulder is slightly decreased with flexion at 160 degrees, abduction at 150 degrees, and external rotation at 70 degrees. As such, the request for Arthro MRI of the right shoulder is not medically necessary.