Case Number:	CM14-0161328		
Date Assigned:	10/06/2014	**Date of Injury:**	05/27/2011
Decision Date:	11/24/2014	**UR Denial Date:**	09/03/2014
Priority:	Standard	**Application Received:**	10/01/2014

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 Pain Management 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 injured worker is a 61 year old male with a date of injury on 5/27/2011. As per the report of 7/9/14, he complained of right shoulder pain and rated it at 4/10. He reported the pain was associated with weakness and grinding in the right shoulder and arm. The pain radiated to the right elbow. He reported his pain was aggravated by overhead reaching, lifting, pushing, and pulling. An exam revealed tenderness to palpation over acromioclavicular joint. There was crepitus. Range of motion (ROM) was restricted due to pain; flexion 150 degrees, extension 50 degrees, abduction 180 degrees, adduction degrees, internal rotation 70 degrees, and external rotation 70 degrees. Right shoulder magnetic resonance imaging (MRI) dated 4/21/12 showed a full-thickness tear of the supraspinatus tendon with retraction and atrophy, subacromial-subdeltoid bursal effusion with fluid in superior subscapularis recess, small infraspinatus tendon interstitial tear and acromioclavicular joint arthropathy. An electromyography (EMG) of the right upper extremity and cervical paraspinal muscles dated 6/24/14 revealed 2+ fibrillations, positive sharp waves in the biceps and the infraspinatus muscles. Nerve conduction velocity (NCV) studies dated 6/24/14 revealed mildly increased motor distal latency and normal conduction velocity of the right median nerve with normal amplitude, mild to moderate slowing of the right ulnar nerve across the elbow, slightly increased sensory distal latency of the right ulnar nerve with decreased amplitude. He has had right shoulder surgery on 7/25/13. He also attended approximately 30 sessions of physical therapy (PT) and chiropractic treatments. Diagnoses include right shoulder impingement syndrome, right shoulder acromioclavicular joint arthropathy, massive chronic retracted right shoulder rotator cuff tear, and one year status post right shoulder arthroscopy. Current medications were not documented in the clinical records submitted with this request. The request for magnetic resonance arthrogram (MRA) of the right shoulder was denied on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MR Arthrogram

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 arthrogram

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) do not address the issue. Per the Official Disability Guidelines (ODG), MR arthrogram is recommended as an option to detect labral tear, full thickness tear or re-tear of rotator cuff repair. In this case, right shoulder magnetic resonance imaging (MRI) has previously showed a full-thickness tear of the supraspinatus tendon with retraction and atrophy, small infraspinatus tendon interstitial tear and acromioclavicular joint arthropathy. There is no documentation of any new injury or evidence of re-tear of the rotator cuff tendons post-operatively. Therefore, the request is not medically necessary in accordance to guidelines and based on the available clinical information.