

<b>Case Number:</b>	CM14-0174910		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/12/1997
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic pain syndrome, neck pain, and major depressive disorder reportedly associated with an industrial injury of July 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier left and right shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for a shoulder MR arthrogram. The applicant's attorney has appealed. In a September 3, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant was no longer working, it was acknowledged, and had not worked in several years. The applicant was status post earlier left shoulder surgery to repair a massive rotator cuff rupture in November 2011. The applicant was on Klonopin, allopurinol, and Percodan, it was acknowledged. 7/10 shoulder pain was noted. 4+/5 right upper extremity strength was appreciated versus 5/5 left upper extremity strength. Both right shoulder and left shoulder range of motion were significantly limited, with right shoulder flexion limited to 30 degree versus 100 degrees about the left shoulder. The attending provider noted that the applicant appeared to have re-torn his partial thickness let-sided rotator cuff tear. MRI arthrography of the left shoulder was endorsed. The attending provider posited that the MR arthrogram would dictate further treatment recommendations, including possible injections versus further surgery. Neurontin, Cymbalta, urine drug testing, physical therapy, and electrodiagnostic testing were also sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation ACOEM V.3 Shoulder Diagnostic and Treatment Considerations Diagnostic Testing and Other Testing Magnetic Resonance (MR) Arthrogram

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, table 9-6, page 214, MR imaging is "recommended" in a preoperative evaluation of partial thickness of large full thickness rotator cuff tears. In this case, the attending provider has stated that the MR arthrogram in question would influence the treatment outcome and potentially influence applicant's decision to pursue further surgery for what is suspected to be a partial thickness rotator cuff tear. The favorable MTUS position in ACOEM Chapter 9 is echoed by the Third Edition ACOEM Guidelines, which also note that MR arthrography is recommended in the diagnosis of partial thickness rotator cuff tears. In this case, the applicant has failed earlier shoulder surgery. Obtaining MR arthrography to determine the presence of a repeat or residual rotator cuff tear is indicated, particularly in light of the fact that the attending provider stated that the applicant will act on the results of imaging study in question and/or consider further surgical intervention involving the injured shoulder. Accordingly, the request is medically necessary.