

<b>Case Number:</b>	CM14-0175289		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 shoulder pain reportedly associated with an industrial injury of April 17, 2013. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 25, 2014, the claims administrator approved an MRI of the right shoulder while denying an MR arthrogram of the left shoulder. The claims administrator stated that its decision was based on a September 11, 2014 request for authorization (RFA) form and associated progress note of August 20, 2014. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of left hand pain. Positive Tinel and Phalen's signs were appreciated about the same, along with CMC joint tenderness. The applicant was described as having history of bilateral carpal tunnel syndrome. Work restrictions, splinting and topical medications were endorsed. The remainder of the file was surveyed. Neither the August 20, 2014 progress note nor the September 11, 2014 Request for Authorization (RFA) form on which the article in question was sought was incorporated into the independent medical review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram, Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, one of the primary criteria for ordering imaging studies includes clarification of the anatomy prior to an invasive procedure and/or when surgery is being considered for a specific anatomic defect. In this case, however, it was not clearly stated why the MR arthrogram was sought. It was not clearly stated on any of the handwritten clinical progress notes incorporated into the independent medical review packet. While it is acknowledged that the August 20, 2014 progress note on which the article in question was sought and the associated December 11, 2014 RFA form were not incorporated into the independent medical review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.