MAXIMUS Federal Services

| Case Number: | CM14-0022931 | | |
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| Date Assigned: | 05/14/2014 | Date of Injury: | 12/23/2013 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

## 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, has a subspecialty in Preventive 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 December 23, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical compounded drugs; opioid agents; and extensive periods of time off of work.In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for shoulder MR arthrography stating that there was no evidence that the applicant had failed conservative treatment despite the fact that the applicant was two and a half months removed from the date of injury as of the date the item was requested.A handwritten note dated January 9, 2014 stated that the applicant was "disabled." The applicant did apparently have complaints of shoulder pain appreciated at that point in time, with positive signs of internal impingement noted.In a typewritten progress note dated January 13, 2014, it was stated that the applicant reported 7/10 shoulder pain. The applicant had a history of asthma, it was stated. The applicant exhibited markedly limited shoulder range of motion with flexion and abduction to 50 degrees, it was stated, with positive signs of internal impingement noted. It was stated that the applicant had elements of adhesive capsulitis and rotator cuff sprain, in some sections of the report, and that no further workup was needed. Somewhat incongruously, it was later stated that the applicant needed an MR arthrogram of the shoulder to rule out rotator cuff tear. Naprosyn and Lortab were endorsed. The applicant was placed off of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI ARTHROGRAM OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines (DDG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 209.

**Decision rationale:** While the MTUS does not specifically address the topic of MR arthrography, the MTUS-adopted ACOEM Guidelines in Chapter 9, page 209 do state that relying solely on imaging studies to evaluate the source of shoulder symptoms could carry a significant risk of diagnostic confusion as it could potentially identify a finding which is present before symptoms began. It is further noted that the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203 note that MRI imaging for adhesive capsulitis is recommended only if the diagnosis is unclear. In this case, the attending provider stated in one section of the report that the applicant had a confirmed diagnosis of adhesive capsulitis of the shoulder and that no further workup was therefore needed. Finally, the Third Edition ACOEM Guidelines Shoulder Chapter MR Arthrography section states that MR arthrography is recommended for diagnosing labral tears, partial thickness rotator cuff tears, and/or subscapularis tears in select applicants with subacute or chronic shoulder pain. In this case, the attending provider did not provide any specific rationale for the choice of this particular study in favor of more conventional non-contrast MRI imaging. It was not clearly stated that the applicant had a partial thickness rotator cuff tear, subscapularis tear, and/or labral tear which had eluded earlier detection on conventional MRI imaging or that the applicant had one of the aforementioned diagnoses and that the attending provider believed that MRI imaging would be non-diagnostic. Therefore, the request is not medically necessary, for all of the stated reasons.