

<b>Case Number:</b>	CM14-0023957		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/21/11. A utilization review determination dated 2/6/14 recommends non-certification of MRI arthrogram. 11/27/13 medical report identifies shoulder pain right greater than left. Superior labrum anterior posterior (SLAP) lesion in right shoulder was repaired in 2012. The left shoulder has numbness and difficulty raising arm over the head. On exam, there is flexion and abduction to 90 degrees on the left with pain over the biceps tendon and subacromial bursa. The provider is concerned about a re-injury or another SLAP lesion in the right shoulder and also that the same problems may have developed in the left, so MRI arthrogram of both shoulders was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) arthrogram left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI Arthrogram and SLAP Lesion Diagnosis

**Decision rationale:** Regarding the request for MR arthrogram left shoulder, CA MTUS does not specifically address the issue. ODG notes that MR arthrogram is recommended as an option to detect labral tears. MRI is not as good for labral tears. They note that there are no good physical examination tests for effectively diagnosing superior labrum anterior posterior (SLAP) shoulder tears, and special tests for SLAP tears are clinically limited and invalid. Within the documentation available for review, There is pain, numbness, and difficulty raising arm over the head, with flexion and abduction to 90 degrees on the left with pain over the biceps tendon and subacromial bursa. The patient had a prior SLAP tear and subsequent repair on the right and the provider is suspicious for a similar lesion on the left. Given the patient's history, current symptoms/findings, provider's suspicion for a SLAP tear, and a lack of accurate physical examination tests for effectively diagnosing SLAP tears, MRI arthrogram appears reasonable. In light of the above, the currently requested MRI arthrogram left shoulder is medically necessary.