

<b>Case Number:</b>	CM14-0027307		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 and is licensed to practice in Nevada. 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 41-year-old gentleman who was reportedly injured on July 18, 2012. The mechanism of injury is stated to be a fall from an 8 foot ladder. The most recent progress note, dated April 9, 2014 indicates that there are ongoing complaints of neck pain, low back pain, and left shoulder pain. There were also complaints of numbness and tingling in both hands. The physical examination demonstrated decreased left shoulder range of motion and a positive O'Brien's test and a mildly positive Speeds test. There was a diagnosis of impingement syndrome, torn labrum, cervical sprain/strain, like a syndrome, and carpal tunnel syndrome of the right wrist. A request was made for a left shoulder MR arthrogram and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER MR ARTHROGRAM:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging, Updated April 25, 2014.

**Decision rationale:** The previous utilization management review dated February 24, 2014, states that medical necessity was not established as clinical signs do not demonstrate a possible labral tear. According to the Official Disability Guidelines a MR arthrogram of the shoulder is recommended as an option to detect labral tears. According to the recent physical examination conducted on April 9, 2014, the injured employee had a positive O'Brien's test and a positive Speeds test both of which are indicative of the potential labral tear of the shoulder. For these reasons, this request for a left shoulder MR arthrogram is medically reasonable and necessary.