

<b>Case Number:</b>	CM14-0027544		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 General Surgery 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 patient is a 58 year old claimant with reported industria injuries to both shoulders. The biomechanics of the injury is not discussed in the materials available for review. The claimant has undergone right shoulder arthroscopic surgery previous to August 2013. The operative report is not available for review. The claimant was seen on 2/4/14 in follow up of the left shoulder surgery and has evidence of good progress. However there is mention of pain symptoms in the right shoulder with pain over the acromial-clavicular joint and restricted forward flexion of 150 degrees and Abduction of 130 degrees. There is a request for MR arthrogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT MR ARTHROGRAM OF THE RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 212-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 212-214.

**Decision rationale:** The claimant has had previous right shoulder arthroscopy and has persistent pain and objective findings. The exam of 2/4/14 reveals pain with resisted motion and restrictions in motion with Forward flexion 150 degrees and abduction of 130 degrees. MRI may

miss post operative pathology. According to the MTUS/ACOEM Guidelines, "Recommended: MRI for preoperative evaluation of partial- thickness or large full thickness rotator cuff tears. Optional: Arthrography for preoperative evaluations of small full thickness tears; bone scan for detection of AC joint arthritis. Not Recommended: Routine MRI or arthrography for evaluation without surgical indications, Ultrasonography for evaluation of rotator cuff. The Official Disability Guidelines (ODG) states that MRIs may miss labral tears." In this case the medical documents mentions an initial post operative MR Arthrogram but its results are not enumerated. Nor is the report available for review. [REDACTED] office notes from 8/2/13 through 2/4/14 does not mention previous MR arthrogram. Given the objective findings and the lack of the missing post operative MR arthrogram, the request for MR arthrogram is reasonable. The request for a repeat MR Arthrogram of the right shoulder is medically necessary and appropriate.