

<b>Case Number:</b>	CM14-0029225		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 injured worker is a 77-year-old female who reported an injury on 03/13/2013 secondary to a trip and fall. An official MRI dated 08/30/2013, read by [REDACTED], noted full thickness rotator cuff tear, a chronic degenerative tear of the superior glenoid labrum, with full thickness tear of the long head of the biceps tendon, small glenohumeral joint effusion, and mild degenerative changes of the acromioclavicular joint. The injured worker was evaluated on 02/11/2014 for reports of right shoulder pain. The exam noted the right shoulder active and passive range of motion at 80 degrees for forward flexion, 70 degrees for abduction, 60 degrees for external rotation, and zero degrees for internal rotation. The exam noted also that range of motion was severely painful and severe crepitus was noted. The exam also noted mild biceps deformity, moderate pain over the AC joint, instability. The diagnoses included probable right shoulder rotator cuff arthropathy. The treatment plan included an MRI Arthrogram of the right shoulder for evaluation of the rotator cuff and surrounding structures. The request for authorization dated 02/20/2014 was found in the documentation provided. The rationale in the clinical notes was to evaluate the rotator cuff and surrounding structures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR ARTHROGRAM RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 207-210.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**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, MR arthrogram.

**Decision rationale:** The California MTUS/ACOEM Guidelines may recommend an MR arthroscopy of the right shoulder when there is an emergence of a red flag, physiological evidence of tissue insult, or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines further recommend MR arthrograms as an option to detect labral tears and suspected re-tear after rotator cuff repair. The guidelines further state that an MR arthrogram may be performed even with a negative MRI of the shoulder since even with a normal MRI, a labral tear may be present in a small percentage of patients. The MRI dated 08/30/2013 did note evidence of a degenerative tear of the superior glenoid labrum, and did note full thickness tears of the distal supraspinatus, infraspinatus, and subscapularis tendons and full thickness tear of the long head of the biceps tendon. There is a significant lack of clinical evidence of an emergence of a red flag, and the confirmation of labral tears and rotator cuff tears has already been confirmed with the prior MRI. Therefore, based on the significant lack of evidence of a red flag and prior confirmation of rotator cuff and labral tears on the previous MRI, the request for MR arthrogram, right shoulder, is not medically necessary and appropriate.