

<b>Case Number:</b>	CM14-0030283		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Orthopedic 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 injured worker is a 60 year-old male who was reportedly injured on 3/27/2013. The mechanism of injury is noted as a fall. The most recent progress note, dated 12/19/2013 indicates there are ongoing complaints of right shoulder pain with numbness on the top of the hand and forearm. The physical examination demonstrated Right Shoulder: no swelling, redness, bruising, atrophy, or edema noted in the right upper extremity range of motion forward flexion 115, abduction 105, external rotation 40, internal rotation at L4 positive tenderness to palpation over the proximal humerus. Radial pulses strongly regular, upper extremity reflexes are normal. Muscle strength 5/5 in the bicep/triceps positive tenderness to palpation over the trapezius. Diagnostic imaging studies include x-rays right shoulder on 10/17/2013 revealed minimally displaced fracture of the surgical neck and GT with mature callus. There is also mention of an electromyography (EMG) nerve conduction study of the upper extremity performed on 9/19/2013 which reveals a right-sided proximal radial nerve neuropathy, and moderate carpal tunnel syndrome. Previous treatment includes medications such as Norco, and naproxen, physical therapy and intra-articular joint injections. A request was made for MRI Arthrogram, right shoulder and was not certified in the pre-authorization process on 1/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** ACOEM Guidelines recommend MR arthrogram for clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging may be considered for a patient, whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. After review of the medical documentation for this 60-year-old male with ongoing right shoulder pain for the past year there are no objective findings or clinical documentation concerning the need for this diagnostic study. Current diagnoses include proximal humerus fracture (closed), right shoulder subacromial bursitis, and right carpal tunnel syndrome. There is no discussion of rotator cuff tear or possible labral tear to include a slap or bankcard lesion. Without subjective and clinical findings warranting this specialized diagnostic study, this request is deemed not medically necessary.