

<b>Case Number:</b>	CM14-0041537		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Family Practice 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 53 year old female claimant who sustained a work injury on 11/26/11 involving the shoulders and knees. An MRI on May 20, 2013 indicated she had a partial tear of the supraspinatus tendon. She had performed physical therapy and remained symptomatic with pain. The symptoms are consistent with impingement and rotator cuff tearing. A progress note on 1/14/14 indicated the claimant had continued pain in the left shoulder with positive impingement signs. She has undergone cortisone injections as well as physiotherapy and still remained symptomatic. The treating physician believes she may be a candidate for subacromial decompression of the rotator cuff repair. A subsequent request was made for an MR arthrogram of the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Arthrogram of shoulder:** Upheld

**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): 214.

**Decision rationale:** According to the MTUS/ACOEM guidelines, an MR arthrogram of the shoulder is optional for pre-operative evaluation of small full thickness tears. It is recommended for preoperative evaluation of tears of the rotator cuff. In this case she already had an MRI to confirm the supraspinatus tear. Clinical findings were more suggestive of impingement symptoms. In addition to specific request for the arthrogram is not detailed. Therefore the request for a Magnetic Resonance Arthrogram of shoulder is not medically necessary.