

<b>Case Number:</b>	CM14-0054128		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Diagnostic Radiology 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 46 year old female who presents at her initial evaluation on 11/19/13 complaining of a chronic work-related injury dating to 5/1/13. Physical examination demonstrated tenderness of her right shoulder with mildly decreased range of motion. An MRI of the right shoulder was performed on 11/26/13 and reported a "small partial thickness articular surface tear" of the subscapularis tendon and supraspinatus "tendinopathy." Although the patient was treated with physical therapy, acupuncture, and medications, her symptoms subjectively worsened over time. The patient was certified for arthroscopic surgery of the right shoulder, but received a second opinion on 2/18/14, concluding surgery was not necessary. Additionally, a medical evaluation on 3/21/14 reports findings related to the cervical spine on physical examination including hypertonicity, spasm, and tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): CHAPTER 9 SHOULDER COMPLAINTS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder>, <MR Arthrogram>

**Decision rationale:** The patient has fail conservative treatment and has received differing opinions regarding the management of her chronic shoulder pain, including a recommendation for surgery. The result of her initial MRI of the right shoulder demonstrated a partial tear along the articular surface of the subscapularis tendon. According to the ODG, "direct MR arthrography can improve detection of labral pathology." Also, "the main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface." Considering the differing medical opinion and the above guidelines, and MR Arthrogram of the Right Shoulder is medically necessary.

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI

**Decision rationale:** The patient had a prior MRI of the right shoulder demonstrating a partial tear along the articular surface of the subscapularis tendon on 11/26/13. Performing a (non-arthrogram) MRI of the right shoulder would constitute a repeat MRI and, as per the ODG, "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Based on this recommendation and the medical record, a repeat (non-arthrogram) MRI of the Right Shoulder is not medically necessary.