

<b>Case Number:</b>	CM14-0060913		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Nevada. 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 67-year-old individual who was reportedly injured on 9/18/2012. The mechanism of injury is noted as repetitive work activities. The most recent progress note, dated 3/13/2014, indicates that there are ongoing complaints of neck pain, and bilateral upper extremity pain. The physical examination demonstrated cervical spine: decreased range of motion, positive tenderness or spasm of the para cervical spine muscles. Tenderness of the trapezius muscles on the right side with trigger points. Muscle testing is within normal limits. Reflexes are trace at the triceps, biceps, and brachioradialis. No sensory loss. Bilateral shoulders: decreased range of motion. Arc of motion is positive at 90 on the right side 100 degrees on the left. Hypermobility of the shoulders bilaterally, tenderness on the right side of the AC joint and anterior shoulder. Bilateral wrists: decreased range of motion, Phalen's test is positive bilaterally. Thoracic spine: positive tenderness of the inter-scapular muscles bilaterally at midline thoracic spine T3-T7. Previous treatment includes medication, and conservative treatment. A request had been made for MR arthrogram of the right shoulder, and was not certified in the pre-authorization process on 4/4/2014.

### 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:** 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 (Acute & Chronic). MRI Shoulder. Updated 8/27/2014.

**Decision rationale:** According to the Official Disability Guidelines (ODG) MRI arthrogram is recommended for acute shoulder trauma when suspected rotator cuff, impingement syndrome, shoulder instability, and a labral tears suspected. It is also beneficial in individuals over 40 who have plain normal radiographs, but continued pain and positive findings on physical exam. Review of the medical records provided failed to show any objective clinical findings on physical exam to necessitate this diagnostic study. Therefore, the request for MR Arthrogram Right Shoulder is not medically necessary and appropriate.