

<b>Case Number:</b>	CM14-0190721		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 underlying date of injury in this case is 10/25/2007. The date of the utilization review under appeal is 10/23/2014. A PR-2 report of 08/15/2014 from the treating orthopedic surgeon is handwritten and essentially illegible. This report appears to outline ongoing shoulder pain for which further evaluation was planned, although again very limited details can be determined from that note.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthrography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** ACOEM guidelines, Chapter 9, shoulder, page 209, discourage relying on imaging studies to evaluate the source of shoulder symptoms without detailed history and physical examination. This reference guideline outlines specific differential diagnoses for varying diagnostic tests, including arthrography versus MRI imaging. At this time the specific

differential diagnosis to be evaluated regarding the right shoulder is not apparent. In particular the rationale for an MRI arthrogram, rather than MRI, is not clear. Overall, at this time the treatment guidelines do not support this request. This request is not medically necessary.