Case Number:	CM14-0193043		
Date Assigned:	11/26/2014	**Date of Injury:**	08/14/2012
Decision Date:	01/13/2015	**UR Denial Date:**	10/22/2014
Priority:	Standard	**Application Received:**	11/18/2014

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 Medicine, and is licensed to practice in Ohio. 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 24-year-old female with a date of injury of August 14, 2012. The injury involved a case of soda falling 1st onto her left shoulder and then a 2nd case of soda falling afterwards onto her neck. She complains of persistent left shoulder pain and stiffness, neck pain, and left arm and hand weakness and tingling. She had 9 sessions of physical therapy initially with some improvement. Her 1st physician was a physiatrist who felt that her pathology was largely centered about the neck and thought that she may have a cervical radiculopathy. Her 2nd physician felt that the center of the pain was more likely coming from her left shoulder. The injured worker has had 3 MRI scans of left shoulder. 2 scans were without contrast and they revealed no evidence of a rotator cuff tear and a down sloping acromion. The additional scan was done with IV contrast on June 14, 2013. That scan report distinctly stated that there were no rotator cuff tears and no labral tears. The most recent physical exam revealed mildly diminished cervical range of motion without trapezius spasm. The left shoulder range of motion was diminished in all planes except for internal and external rotation. A Hawkin's test was positive with catching and popping noted. There was weakness of the supraspinatus and infraspinatus muscle. The physician felt that the diagnosis was left shoulder impairment, possible internal derangement, possible rotator cuff tear versus SLAP lesion versus impingement by the acromion. The physician was concerned for a possible rotator cuff tear or possibly a labral tear and ordered an MRI Arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left MR Arthrogram for submitted diagnosis left shoulder pain as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM 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: Magnetic resonance Arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR Arthrogram is performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface.In this instance, the treating physician had reason to suspect a torn rotator cuff and possibly a torn labrum despite the previously normal MRI scans. Therefore, a left shoulder MR Arthrogram is medically necessary.