

<b>Case Number:</b>	CM14-0193206		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Emergency Medicine 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:

Patient with reported date of injury on 8/9/2008. No mechanism of injury was provided for review. Patient has a diagnosis of R carpal tunnel syndrome, L shoulder strain, post bilateral carpal tunnel release and R shoulder rotator cuff syndrome. Medical reports reviewed. Last report available until 11/7/14. Patient complains of persistent R shoulder pain at 8/10. Also claims compensatory L shoulder pain at 6/10. Also complaining of bilateral wrist pains. Naproxen improves pain to 4/10. Objective exam reveals R shoulder with "slight" decreased range of motion with "some positive" findings suggestive of impingement syndrome with empty beer can sign, Neer's and Hawkin's sign. Wrist exam reveal positive Phalen's and Tinel's R side worse than L side. Decreased sensation to median nerve in each hand. There is no noted prior physical therapy or other conservative treatment on record. Note states a request for R shoulder MR arthrogram to "rule out tear". Medications include Naproxen and Omeprazole. Independent Medical Review is for MR arthrogram of R shoulder. Prior UR on 10/22/14 recommended non-certification.

### 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, MR arthrogram

**Decision rationale:** There is no appropriate section in the ACOEM or MTUS Chronic pain guidelines that deal with this topic. As per Official Disability Guidelines (ODG), MR arthrogram is recommended as an option to detect labral tears or for suspected re-tear of rotator cuff repair. The justification to "rule out rotator cuff tear" is not an appropriate indication for MR arthrogram since a basic MRI of the shoulder can do the same. There is no documentation of any change in exam, conservative care, red flag findings or any reason for why MRA was ordered and not a basic MRI of the shoulder. MR Arthrogram of shoulder is not medically necessary.