

<b>Case Number:</b>	CM14-0205747		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 58 year old employee with date of injury of 7/9/13. Medical records indicate the patient is undergoing treatment for cervical and lumbar sprain/strain and radiculitis; left shoulder R/O RCT. The remainder of the diagnoses were illegible. Subjective complaints include are constant cervical and lumbar spine pain rated 7-8/10. The pain radiates to the bilateral shoulders, left greater than right. The patient has left knee pain. Objective findings include an MRI left shoulder without contrast, and MRI right shoulder without contrast and an MRI Cervical spine without contrast on 9/19/14. The handwritten objective findings from the treating physician were not legible. Treatment has consisted of Voltaren, Menthoderm and Prilosec. Ultram was non-certified. All other treatment notes were illegible. The utilization review determination was rendered on 11/18/14 recommending non-certification of a Left shoulder MRI and right shoulder arthrogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder MRI and right shoulder arthrogram:** Upheld

**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 (Acute and Chronic), MR arthrogram

**Decision rationale:** MTUS is silent specifically regarding MRI Arthrogram of the shoulder. Therefore, other guidelines were utilized. ODG states regarding MR Arthrogram of the Shoulder, "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 be 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. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." The claimant had bilateral MRIs of both shoulders in September, 2014. There have not been any documented changes to the claimant that would deem a repeat MRI or arthrogram of the bilateral shoulders necessary at this time. As such, the request for MRI Arthrogram Left Shoulder is not medically necessary at this time.