

<b>Case Number:</b>	CM14-0206137		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/21/2014
<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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 05/29/14. Based on the 10/27/14 progress report, the patient complains of having significant chondral defects. He has acute inflammation with possible further chondral flap or other internal derangement. The 11/10/14 report states that the patient has moderate to extreme pain in his shoulder. He felt a snapping sensation in the shoulder with an audible pop. He has had difficulty with any active ROM. According to the 11/17/14 report, the patient complains of left shoulder pain which he rates as a 9/10. He has difficulty sleeping, high blood pressure, hypertension, depression, and anxiety. Palpation revealed pain over the lateral and anterior deltoid. The patient's diagnoses include the following: Left shoulder symptomatic AC arthritis Left shoulder impingement Left shoulder labral tears and chondral defect Left shoulder pain Hypertension (industrially related) Depression/anxiety (industrially related) The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 01/07/14-12/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI Arthrogram of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MR arthrogram.

**Decision rationale:** The patient presents with left shoulder pain, difficulty sleeping, high blood pressure, hypertension, depression, and anxiety. The request is for 1 MR ARTHROGRAM OF THE LEFT SHOULDER to rule out any further chondral flap or additional labral tearing. No rationale was provided. Review of the reports does not indicate if the patient had a prior MR arthrogram of the left shoulder. The MTUS guidelines do not address MRI's but ODG guidelines states for MR arthrogram of 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." Review of reports indicate that the patient has left shoulder symptomatic AC arthritis, left shoulder impingement, left shoulder pain, and left shoulder labral tears and chondral defect. ODG guidelines support MR arthrogram for the shoulder to detect labral tears. In this case, the treating physician would like an MR arthrogram to rule out any further chondral flap or additional labral tearing. Therefore, the requested MR arthrogram of the left shoulder IS medically necessary.