

<b>Case Number:</b>	CM15-0104425		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old male who reported an industrial injury on 7/1/2013. His diagnoses, and/or impressions, are noted to include: lumbar disc displacement without myelopathy, left paracentric lumbosacral; sciatica; pain in shoulder joint, status-post right shoulder arthroscopy (1/2014); neck pain; and long-term use of medications. His history notes a co-morbidity of end-stage liver disease. Current electrodiagnostic studies of the right upper extremity were said to have been done on 10/10/2014, noting abnormal findings; no current imaging studies are noted. His treatments have included right shoulder arthroscopy, rotator cuff repair, surgery in January 2014; lumbar epidural steroid injection therapy; cessation of medication management due to end-stage liver disease; and modified work duties. The progress notes of 5/1/2015 reported complaints of continued right shoulder, low back and left leg pain, increased with activity and improved with rest, position changes. Objective findings were noted to include right shoulder tenderness. The physician's requests for treatments were noted to include magnetic resonance imaging arthrogram of the right shoulder, as per the recommendation of the orthopedic surgeon, on 2/27/2015, for possible failed rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram of The Right Shoulder:** 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, Arthrography Shoulder, Shoulder (Acute & Chronic).

**Decision rationale:** According to the Official Disability Guidelines, shoulder arthrography is recommended as listed below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. MRI Arthrogram of The Right Shoulder is not medically necessary.