

<b>Case Number:</b>	CM15-0148325		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	06/08/2015
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 30 year old male, who sustained an industrial injury on 6-08-2015. He reported frequently pulling-pushing carts and resulted in this injury. The injured worker was diagnosed as having left shoulder strain, supraspinatus muscle-tendon, proximal bicipital tenosynovitis, and shoulder joint pain. Treatment to date has included medications. Currently (6-15-2015), the injured worker complains of pain in his left shoulder joint and painful range of motion. He reported slightly less pain and insomnia. Pain was rated 7-9 out of 10. Exam noted decreased range of motion, and positive drop arm test, Hawkin's sign, Speed's test, and Yergason test. The patient has had a positive impingement sign. The treatment plan included physical therapy and plan magnetic resonance imaging if not improved. X-rays of the left shoulder were documented as normal. Medications included Naprosyn and Prilosec. The patient had received an unspecified number of PT visits for this injury. Any surgical or procedure note related to this injury was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthogram for left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 Special studies and diagnostic and treatment consideration Table 9-5. Ability of Various Techniques to Identify and Define Shoulder Pathology Page 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 08/06/15) MR arthrogram.

**Decision rationale:** According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out". Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." "MR arthrogram: 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." Evidence of previous surgery to the left shoulder or suspected re-tear of a rotator cuff repair was not specified in the records provided. Persistent symptoms and findings of a labral tear were not specified in the records provided. The response of this patients shoulder symptoms to a course of PT was not specified in the records provided. As per the records provided symptoms and signs are suggestive of rotator cuff pathology which can be detected by a MRI (even without arthrogram). The rationale for the need of the arthrogram aspect of the request, was not specified in the records provided. An arthrography is an invasive procedure and comparatively, the risk of complications is higher with arthrography and lower with plain MRI. The medical necessity of MRI with Arthrogram is not fully established. The medical necessity of the request for MR arthrogram of the left shoulder is not fully established in this patient at this time. Therefore, the request is not medically necessary.