

<b>Case Number:</b>	CM15-0181945		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50-year-old male who sustained an industrial injury on March 20, 2003. Diagnoses have included chronic pain, bilateral shoulder pain, cervical pain and radiculitis, and he had a left shoulder rotator cuff tear which was repaired 11-29-2007. Since then, he has complained of continued left shoulder pain as well as the right shoulder for which he underwent a rotator cuff repair, and, as of the progress note of 8-13-15, he has just begun physical therapy for that injury. He has been treated with pain medication. The injured worker continues to report left shoulder pain which was evaluated by a pain management physician who recommended an arthrogram of left shoulder. Pain is noted to be on the lateral and posterior aspect of the left ear lobe radiating down to the left shoulder, and in the 6-12-15 pain evaluation, he described it as sharp and aggravated by activity and hand function. It was rated at that time as between 4-6 out of 10 depending on medication intake. He stated it was interfering with self-care, activity, and sleep. MRI taken in May of 2015 was stated to have shown no evidence of rotator cuff tear, but symptoms have persisted and the treating physician's plan of care includes a request on 8-25-2015 for an MRI arthrogram of the left shoulder which was denied on August 27, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Arthrography.

**Decision rationale:** Pursuant to the Official Disability Guidelines, left shoulder magnetic resonance (MRI) arthrogram is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact, although MRI is more sensitive and less specific. MRI may be preferred because of better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best image by arthrography. MRI better demonstrates larger tears and partial thickness tears. In this case, the injured worker's working diagnosis is possible recurrent rotator cuff tear, although unlikely. Date of injury is March 20, 2003. Request for authorization is August 25, 2015. The documentation indicates the injured worker had an MRI of the left shoulder on June 4, 2015 that did not show evidence of a rotator cuff tear. According to an August 13, 2015 progress note, the injured worker has ongoing left shoulder pain. The injured worker is insisting on an MR arthrogram. The treating provider indicates there was a possible recovery rotator cuff tear, although unlikely. Objectively, the left shoulder shows significant signs of improvement. There is minimal tenderness to palpation. The injured worker received physical therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a previous MRI that showed no signs of rotator cuff tear, minimal objective clinical findings on the physical examination dated August 13, 2015 and documentation where the treating provider indicates a possible recurrent rotator cuff tear, although unlikely, left shoulder magnetic resonance (MRI) arthrogram is not medically necessary.