

<b>Case Number:</b>	CM15-0188267		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, 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 66 year old female who sustained an industrial injury 02-20-07. A review of the medical records reveals the injured worker is undergoing treatment for rule out recurrent tear of the bilateral shoulder rotator cuff. Medical records (07-23-15) reveal the injured worker complains of bilateral shoulder pain which is not rated. The physical exam (07-23-15) reveals diminished range of motion and positive impingement bilaterally. Prior treatment includes bilateral shoulder surgeries. The original utilization review (09-21-15) noncertified the request for a MR Arthrogram of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram of right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 23.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The ODG guidelines recommend Arthrogram for re-tears of the rotator cuff or suspected labral tears. In this case, the claimant had a prior rotator cuff surgery. The claimant's exam findings of a positive drop arm test are consistent with possible rotator cuff re-tear. The request for an MR arthrogram is medically necessary and appropriate for the right shoulder.

**MR arthrogram of left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 23.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The ODG guidelines recommend Arthrogram for re-tears of the rotator cuff or suspected labral tears. In this case, the claimant had a prior rotator cuff surgery. The claimant's exam findings of a positive drop arm test are consistent with possible rotator cuff re-tear. The request for an MR arthrogram is medically necessary and appropriate for the left shoulder.