Case Number:	CM15-0192886		
Date Assigned:	10/07/2015	**Date of Injury:**	05/09/2005
Decision Date:	11/19/2015	**UR Denial Date:**	09/17/2015
Priority:	Standard	**Application Received:**	10/01/2015

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: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 05-09-2005. He has reported subsequent bilateral shoulder pain and was diagnosed with status post op, right shoulder in 06-2008 and 05-2009 and status post op left shoulder in 12-2005. MRI results of the left shoulder dated 07-30-2014 revealed no rotator cuff tear, post-surgical changes consistent with infraspinatus tendon repair at the footprint, on a background of mild tendinosis and mild tendinosis of the supraspinatus tendon, post labral repair superiorly, consistent with history of SLAP repair with recurrent tearing at the 12 o'clock position and 2 o'clock position, minimal glenohumeral osteoarthritis and mild intra-articular biceps tendinosis. Treatment to date has included pain medication, physical therapy and application of ice, which were noted to have failed to significantly relieve the pain. Documentation shows that the injured worker reported increased pain and weakness in the left shoulder over a period of several months that was being treated with pain medication and application of ice. On 05-01-2015, the injured worker reported constant left shoulder pain and on 06-29-2015, the injured worker reported popping and pain in the left bicep with weakness, limited range of motion and inability to do repetitive overhead work. In a progress note dated 08-14-2015, the injured worker reported right shoulder joint pain with a pinching sensation and left shoulder pain that was worse than the right that was noted to be increasing and biceps pain, burning pain and weakness. Medication was noted to alleviate some of the pain and increase function. Objective examination findings revealed right shoulder biceps tenderness, clinical impingement syndrome deltoid atrophy, greater on the right with limited range of motion, muscle spasticity, left shoulder rotator cuff tenderness, clinical

impingement, limited range of motion and abduction of 170 degrees of the left shoulder, deltoid atrophy. The injured worker was noted to be off work since 02-17-2015 due to the inability of the employer to accommodate restrictions. A request for authorization of MRI arthrogram of the left shoulder was submitted. As per the 09-17-2015 utilization review, the request for MRI arthrogram of the left shoulder was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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, under Magnetic Resonance Imaging.

Decision rationale: The patient presents on 09/25/15 constant pain and weakness in the left shoulder. The patient's date of injury is 05/09/05. Patient is status post SLAP repair of the left shoulder in December 2005. The request is for MRI arthrogram of the left shoulder. The RFA is dated 09/25/15. Physical examination dated 09/25/15 reveals tenderness to palpation of the right shoulder and biceps, noting clinical impingement syndrome, right deltoid atrophy bilaterally (greater on the right) and abduction range of motion of 170 degrees on the right. The patient is currently prescribed Naproxen. Diagnostic imaging included left shoulder MRI dated 07/30/15, significant findings include: "No rotator cuff tear identified. Post-surgical changes consistent with infraspinatus tendon repair at the footprint, on a background of mild tendinosis and mild tendinosis of the supraspinatus tendon, post labral repair superiorly, consistent with history of SLAP repair with recurrent tearing at the 12 o'clock position and 2 o'clock position, minimal glenohumeral osteoarthritis and mild intra-articular biceps tendinosis. "Patient is currently not working." ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated 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 MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging: Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect

instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regard to the request for a MR arthrogram of this patient's left shoulder following the MRI performed on 07/30/15, this patient does not meet guideline criteria. Progress note dated states the following regarding this request: "PT needs arthrogram MRI left shoulder. Pt has decreased ROM and weakness deltoid. Pt may need more surgery."[sic] While the provider feels as though an MR arthrogram would improve the understanding of this patient's shoulder to assess the potential need for surgery, repeat imaging is reserved for a significant change in symptoms or findings consistent with a significant pathology. In this case, the provider does not document any significant decline in this patient's presentation, and the most recent MRI does not suggest any significant ongoing injury to the joint which would support the necessity of repeat imaging. Therefore, the request is not medically necessary.