

<b>Case Number:</b>	CM15-0195421		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 60 year old male who sustained an industrial injury on 8-31-2009. A review of medical records indicates the injured worker is being treated for bilateral RCT and bilateral carpal tunnel syndrome. Medical records dated 9-2-2015 noted continued shoulder pain. Physical examination noted right shoulder range of motion was 170-50-110. Left shoulder range of motion was 165-50-18. There was a positive Hawkin's, Jobes, and crepitation. Treatment has included surgery and injection dated 3-25-2015. MRI of the right shoulder dated 1-12-2015 revealed a full thickness tear as well as severe supraspinatus muscle atrophy. Utilization review form dated 9-23-2015 noncertified an outpatient open MRI arthrogram to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient open MRI arthrogram to right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MR arthrogram.

**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 guidelines, MR arthrogram is an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. In this case the claimant had a rotator cuff tear and surgical repair of the right shoulder on 11/15/13. The recent MRI in January 2015 showed a recurrent tear. The claimant had PRP injections. In this case, the MRI already indicated a repeat tear. There was no justification for an arthrogram. The request is not medically necessary.