

<b>Case Number:</b>	CM15-0025382		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury to her left knee and shoulder on February 12, 2013. The injured worker underwent left rotator cuff repair on April 30, 2013 and a partial medial meniscus posterior repair meniscectomy and debridement with micro fracture in December 9, 2013. Both were followed by physical therapy. According to the primary treating physician's progress report on January 16, 2015, the injured worker continues to experience pain in the left shoulder with pin point tenderness and spasm in the posterior left trapezius. Current medications consist of Norco, Clinoril and Zanaflex. Treatment modalities consist of 3 Orthovisc Injections to left knee in June 2014, trigger point injection, acupuncture therapy, physical therapy, home exercise program and medication. The treating physician requested authorization for MRI Arthrogram. On February 4, 2015 the Utilization Review denied certification for MRI Arthrogram. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), The American College of Occupational and Environmental Medicine (ACOEM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute Treatment In Workers Compensation, 5th Edition, 2007 .

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), MR arthrogram.

**Decision rationale:** The claimant is more than two years status post work-related injury and has undergone a left rotator cuff repair and continues to have left shoulder pain. The requesting provider documents left shoulder weakness with positive impingement testing. An MRI arthrogram is recommended as an option to detect labral tears, and for suspected re-tear after rotator cuff repair. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MRI arthrography is recommended. In this case, the claimant has weakness and findings of impingement after arthroscopic surgery. Therefore the requested MRI arthrogram was medically necessary.