

<b>Case Number:</b>	CM15-0211485		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 49 year old male who sustained an industrial injury on 1-22-15. A review of the medical records indicates that the worker is undergoing treatment for right rotator cuff syndrome. Subjective complaints (9-22-15) include gradual worsening of shoulder pain over the last 2 months, unable to fully raise the right arm, no weakness and no numbness. Objective findings (9-22-15) include right shoulder decreased range of motion, tenderness, pain, right elbow; wrist; cervical back and right hand exhibit normal range of motion, impingement sign is positive, as well as positive supraspinatus and deltoid. It is noted an injection was offered but declined by the worker and that he is requesting MRI and surgery. The request is for MRI with arthrogram to see if more change has occurred since last March. X-ray of the right shoulder (3-17-15) reports the impression as: "unremarkable study". Work status is: modified work. Previous treatment includes physical therapy, non-steroidal anti-inflammatory drugs, and home exercise. A request for authorization is dated 9-22-15. The requested treatment of MR (magnetic resonance) arthrogram of the right shoulder was denied on 10-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR (magnetic resonance) Arthrogram of the right 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, MR (magnetic resonance) Arthrogram of the right shoulder is not medically necessary. Arthrography and magnetic resonance imaging have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI more sensitive and less specific. MRI may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial thickness tears are best demonstrated by MRI. In this case, the injured worker's working diagnosis is right rotator cuff syndrome. Date of injury is January 22, 2015. Request for authorization is September 25, 2015. According to September 22, 2015, progress note, subjective complaints include ongoing right shoulder pain that has worsened over two months. The injured worker cannot fully raise the arm. Objectively, there is decreased range of motion and tenderness with pain over the right shoulder. There is no crepitus. There was positive impingement. The injured worker underwent a prior magnetic resonance imaging scan of the right shoulder. There were no hard copy results in the medical record. There is no date or interpretation of the MRI in the medical record. The treating provider indicated the prior MRI did not suggest the need for surgery. The injured worker is requesting a repeat MRI and surgery. The treating provider then requested an MR arthrogram to see if there were any new changes. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Instead of repeating the MRI of the shoulder, the treating provider ordered an MRI arthrogram at the injured worker's request. Arthrography and magnetic resonance imaging have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI more sensitive and less specific. There is no documentation of a significant change in symptoms and or objective findings suggestive of significant pathology. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, and MRI of the right shoulder that did not indicate a need for surgery (hard copy MRI not available), no documentation indicating a significant change in symptoms and/or objective clinical findings suggestive of significant pathology (since the first MRI date unspecified), MR (magnetic resonance) Arthrogram of the right shoulder is not medically necessary.