

<b>Case Number:</b>	CM15-0214629		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 52-year-old female, who sustained an industrial injury on 1-3-11. The injured worker was being treated for brachial neuritis-radiculitis, sprain-strain of shoulder arm and shoulder disorders with bursa and tendons. On 8-20-15 and 9-16-15, the injured worker reports unchanged pain in cervical spine and worsening pain in left shoulder with stiffness and weakness. Work status is noted to be full duty. Physical exam performed on 8-20-15 and 9-16-15 revealed moderate tenderness to cervical spine and left shoulder on palpation with decreased range of motion and strength of cervical spine and left shoulder. Treatment to date has included left shoulder surgery, oral medications including Ibuprofen and Prilosec, acupuncture (which did not help) and activity modifications. On 9-16-15 request for authorization was submitted for Ibuprofen 800mg #90, Prilosec 20mg #60, MRI of cervical spine and MRA of left shoulder. On 9-29-15 request for authorization was submitted for MRA of left shoulder was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance angiography (MRA) of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): 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 (acute & chronic) Chapter under MR Arthrogram.

**Decision rationale:** The patient presents with pain in neck and LEFT shoulder. The request is for MAGNETIC RESONANCE ANGIOGRAPHY (MRA) OF THE LEFT SHOULDER. The request for authorization form is dated 09/22/15. The patient is status post rotator cuff repair. Patient's diagnoses include brachial neuritis/radiculitis nos; sprain/strain - shoulder arm, unspecified; shoulder disorders w/ bursae & tendons unspecified. Physical examination of the LEFT shoulder reveals tenderness to palpation and spasms. Patient's medications include Ibuprofen and Prilosec. Per progress report dated 09/16/15, the patient is working full duties. ODG guidelines, Shoulder (acute & chronic) Chapter under MR Arthrogram states: "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Guidelines also state, "If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." Per progress report dated 09/25/15, treater's reason for the request is "MR arthrogram of the left shoulder status post left shoulder surgery to determine the present pathology." In this case, the patient continues with Left shoulder pain. Patient's treatments include medications, physical therapy, injections, and surgery. Given the patient is status post rotator cuff repair and current symptoms, the request for MR Arthrogram appears reasonable. Review of provided medical records show no evidence of a prior MR Arthrogram. Therefore, the request IS medically necessary.