

<b>Case Number:</b>	CM15-0037443		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

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 32 year old male who sustained an industrial injury on 10/7/14. The injured worker reported symptoms in the right wrist, knee and ankle. The diagnoses included status post open reduction and internal fixation right distal radius fracture healing with residual stiffness, right shoulder sprain, right knee medial collateral ligament sprain, rule out right knee medial meniscus tear and right ankle sprain. Treatments to date include oral pain medication, physical therapy, bracing, walker, wheelchair, and splinting and activity modification. In a progress note dated 11/20/14 the treating provider reports the injured worker was with "pain, weakness, swelling, stiffness, numbness and tingling in his right wrist, right knee, and right ankle."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram to the right shoulder without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MR arthrogram.

**Decision rationale:** This patient has a date of injury of 10/07/14 and presents with right shoulder, elbow, wrist, knee and ankle pain. The patient is status post ORIF of the right distal radius on 10/08/14. The current request is for MRI ARTHROGRAM TO THE RIGHT SHOULDER WITHOUT CONTRAST. The Request for Authorization is dated 01/14/15. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208 states, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines under the shoulder chapter states that MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. The ODG for MR arthrogram states, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Right shoulder examination revealed positive impingement sign, pain with resisted abduction, positive O'Brien's and speed's test and tenderness to palpation anteriorly. The treating physician has requested an MRI arthrogram of the right shoulder to evaluate the persistent right shoulder pain and rule out a labral versus cuff tear. The Utilization review denied the request stating that the patient has not yet participated in physical therapy. Given the significant findings on examination and the treating physician's concern for possible labral or rotator cuff tear a MRI arthrogram for further evaluation is in accordance with ACOEM and ODG guidelines. This request IS medically necessary.