

<b>Case Number:</b>	CM15-0042637		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 2/20/2013. He reported twisting his right ankle and falling onto his left arm. The injured worker was diagnosed as having left wrist sprain, left shoulder strain with rotator cuff tendinitis, possible rotator cuff tear, superior labrum anterior and posterior tear and acromioclavicular arthritis, status post surgical intervention, trigger finger, left ring finger, with ganglion cyst, status post release, and improved ulnar neuritis, left elbow. Treatment to date has included surgical and conservative measures, including diagnostics, medications, and physical therapy. The injured worker underwent an arthroscopic subacromial decompression and Mumford procedure on the left shoulder on 7/07/2014. Currently, the injured worker complains of pain about the left shoulder and left hand. Pain was rated 0-2/10 at rest and 7-8/10 with activity. He was working modified duty and did not reinjure himself. He noted feeling he same. He was in a home exercise program. Medications included Vicodin and Celebrex. Range of motion of the left shoulder was full, with mild tenderness and crepitation noted. Mild weakness when testing the rotator cuff was noted. X-rays of the shoulder were repeated and documented as showing mild spurring and good post-operative appearance. The treatment plan included magnetic resonance imaging arthrogram of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 208-209, 214.

**Decision rationale:** The ACOEM Guidelines support the limited use of MR arthrography in diagnosing rotator cuff tears in some cases but stresses that MRI is the generally preferred study due to the lower risk of complications. The submitted and reviewed documentation indicated the worker was experiencing shoulder and wrist pain, although the documented pain assessments did not include many of the elements encouraged by the Guidelines. There was no discussion detailing why the MR arthrography was preferred or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MR arthrogram of the left shoulder is not medically necessary.