

<b>Case Number:</b>	CM15-0044734		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 39 year old male, who sustained an industrial injury on 08/12/2011. He has reported injury to the right shoulder. The diagnoses have included right shoulder impingement/bursitis; partial rotator cuff tear; acromioclavicular joint osteoarthritis; and status post arthroscopic sub-acromial decompression, extensive debridement and Mumford Procedure with postoperative adhesive capsulitis. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, surgical intervention, and home exercise program. Medications have included Tylenol. A progress note from the treating physician, dated 02/16/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of persistent right shoulder pain and his home exercise program is not helping him. Objective findings included decreased range of motion of the right shoulder and moderate atrophy of the lateral bursa. The treatment plan has included activity modification; ice/cold therapy; anti-inflammatories; physical/occupational therapy; and repeat diagnostic study of the right shoulder. Request is being made for Repeated MR arthrogram right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeated MR arthrogram right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

**Decision rationale:** Guidelines recommend MRA shoulder in cases where there is evidence supporting internal derangement or change in clinical status to warrant imaging prior to repeated surgical intervention. In this case, there are no documented subjective or objective changes in the physical exam which indicates a change suggestive of an acute internal derangement. Thus, the request for MRA shoulder is not medically appropriate and necessary.