

<b>Case Number:</b>	CM15-0085699		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 47-year-old male, who sustained an industrial injury on 07/22/2011. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having tri-compartmental osteoarthritis of the right knee. Treatment and diagnostics to date has included right knee surgery, home exercises, knee brace, injections, and medications. In a progress note dated 04/10/2015, the injured worker presented with complaints of right knee pain. Objective findings include positive crepitus and tenderness. The treating physician reported requesting authorization for right shoulder MRA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder MRI/arthrography.

**Decision rationale:** The ODG notes that MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. MRA is usually necessary to diagnose labral tears. In this case, the recent documentation submitted is all related to the knee. There is no recent physical examination of the shoulder to justify the request for the MRA of the shoulder, therefore the request is deemed not medically necessary.