

<b>Case Number:</b>	CM14-0115745		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male who reported an injury on 05/23/2014 due to a lifting injury. On 06/30/2014, the injured worker presented with constant pain in the lateral aspect of the right shoulder. There was normal bilateral upper extremity strength. There was tenderness over the anterolateral bursa of the right shoulder. There was a positive Hawkins sign to the right shoulder. X-ray of the right shoulder revealed hardware intact with subacromial osteophyte. There was no fracture or dislocation noted and there was a well maintained joint space. The diagnoses were rotator cuff tear and pain in the shoulder. The provider recommended an MR arthrogram of the right shoulder, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance (MR) Arthogram of right shoulder:** Upheld

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

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

**Decision rationale:** The request for magnetic resonance (MR) arthrogram of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines state for most injured workers with shoulder problems, "special studies are not needed unless a 4 to 6 period of conservative treatment fails to improve symptoms." Criteria for use of an imaging study includes emergence of red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, clarification of an anatomy prior to invasive procedure or failure to progress in a strengthening program intended to avoid surgery. There is lack of documentation of an emergence of a red flag or evidence that the injured worker has had an at least 4 to 6 period of conservative care that has failed. There is lack of documentation of a physiologic evidence of a tissue insult or neurovascular dysfunction. As such, the medical necessity has not been established; therefore, the request is not medically necessary.