

<b>Case Number:</b>	CM14-0123714		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Occupational Medicine 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:

This is a 65 year old female with a 3/4/10 injury date. The mechanism of injury was not provided. In a follow-up on 1/6/14, subjective findings included an increase in her right shoulder pain and weakness since the original shoulder surgery. Objective findings included tenderness at the anterior acromion, normal right shoulder range of motion, and 4+/5 strength of the supraspinatus and on external rotation. A right shoulder CT arthrogram on 12/11/13 showed a full thickness 1 cm tear of the supraspinatus tendon, which represented a recurrent tear. Diagnostic impression: right shoulder rotator cuff tear. Treatment to date includes right shoulder rotator cuff repair (date unclear). A UR decision on 7/30/14 denied the request for right shoulder CT arthrogram on the basis that MRI is the preferred and accepted method for diagnosing rotator cuff tears.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT / Arthrogram right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter

**Decision rationale:** The California MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines criteria for shoulder CT include suspected tears of labrum - Plain x-ray, then CT; full thickness rotator cuff tear or SLAP tear; plain x-ray and ultrasound, then MRI or CT; or recurrent instability - CT arthrogram; or proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan. CT with thin slices technology and additional 3 D imaging provides always a clear presentation of the fractured region. Official Disability Guidelines indicates that shoulder CT arthrography is recommended only in cases of recurrent instability. In the present case, there is no indication that shoulder instability is an issue. In addition, there is no evidence or discussion that supports the use of CT arthrography over MRI in attempting to rule out a recurrent rotator cuff tear. In any event, a right shoulder CT arthrogram was performed on 12/11/13 and it confirmed a recurrent tear. Therefore, the requested study does not appear to be necessary at this time. Therefore, the request for CT arthrogram right shoulder is not medically necessary.