

<b>Case Number:</b>	CM14-0147154		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/30/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation 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 40 year-old patient sustained an injury on 9/30/08 when some dough fell and hit her upper extremities. Diagnosis was lateral epicondylitis. EMG and X-rays were unremarkable in 2010. Request(s) under consideration include 1 request for an MR Arthrogram for the left shoulder. Diagnoses include shoulder joint pain; forearm joint pain; and lower leg joint pain. Report of 7/7/14 from the provider noted the patient with ongoing chronic neck, left elbow, left shoulder and right upper extremity pain. Conservative care has included medications, therapy, injections without improvement, diagnostics, and modified activities/rest. Current medications list Cyclobenzaprine, Gabapentin, Tramadol, Naproxen, Omeprazole, and Tramadol. Exam showed left shoulder with restricted range; positive Hawkin's maneuver; left grip weakness; left wrist with decreased range; feeling of diffuse numbness in left C4, C5, C6, and C7 distribution with feeling of popping and catching in left. Diagnoses were left wrist disruption with decreased range; left shoulder disruption with decreased range and positive Hawkin's. The request(s) for 1 request for an MR Arthrogram for the left shoulder was non-certified on 8/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram for the left 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): 209, 214.

**Decision rationale:** According to the medical report of 8/6/14 from the provider noted the patient with accepted injury to left wrist, left elbow, cervical spine and right upper extremity. The patient exhibited unchanged symptoms and clinical findings. Diagnoses include the above noted on 7/7/14 along with lumbar discogenic disease and left knee internal disruption. The patient was noted to have authorization for lumbar MRI and right knee MR Arthrogram. The request(s) for 1 request for an MR Arthrogram for the left shoulder was non-certified on 8/27/14. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, or specific surgical lesion, the medical necessity for shoulder MRA has not been established. Therefore, the request for MR Arthrogram for the left shoulder is not medically necessary and appropriate.