

<b>Case Number:</b>	CM14-0148662		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 1-2-13. The claimant has a history of right rotator cuff tear, right biceps tendon tear, cervical radiculopathy, left rotator tendinopathy, bilateral carpal tunnel syndrome. This claimant has had right shoulder arthroscopic shoulder repair with decompression and labral debridement on 6-28-13. MRI of the right shoulder on 6-10-14 revealed rotator cuff repair, partial regarding tear of the distal supraspinatus and infraspinatus tendon, tear of the superior glenoid labrum and apparently tear of the long head of the biceps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1-133.

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

**Decision rationale:** ODG reflects that Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is

more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. With the claimant having an MRI done on 6-10-14 shows a partial rotator cuff tear and a labral tear, performing an MRI arthrogram is not indicated. Therefore, the medical necessity of this request is not established, particularly since this test results is not going to change the course of treatment.