

<b>Case Number:</b>	CM14-0166359		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 years old male with an injury date on 01/02/2013. Based on the 09/18/2014 progress report provided by [REDACTED] the diagnoses are: 1. Right shoulder rotator cuff injury 2. Right shoulder sprain/strain injury. 3. Right shoulder rotator cuff tear and tendonitis. 4. Status post right shoulder on June 28, 2013. 5. Possible re-tear noted of distal supraspinatus tendons as per June 10, 2014 MRI report. According to this report, the patient complains of ongoing right shoulder pain. Physical exam reveals tenderness to palpation with painful range of motion. The 07/23/2014 report indicates the patient had "new onset of left shoulder pain due to overcompensation. No treatment for this yet." Pain of the left shoulder is described as mild-moderate pain with no numbness. Pain, popping, limited motion, and significant weakness" are noted in the right shoulder. Physical exam reveals a decreased light stroke sensation at the right 5th finger. MRI of the left shoulder on 06/10/2014 shows deformity and tear of the superior glenoid labrum, small fluid accumulation in the subacromial/subdeltoid bursa and supraspinatus tendinosis. MRI of the right shoulder on 06/10/2014 shows status post rotator cuff repair; least a partial re-tear of the distal supraspinatus and infraspinatus tendon; and deformity and tear of the superior glenoid labrum. There were no other significant findings noted on this report. The utilization review denied the request on 09/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/2014 to 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Joint Upr Extrem w/o dye:** Overturned

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

**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 under MR arthrogram

**Decision rationale:** According to the 09/18/2014 report by [REDACTED] this patient presents with ongoing right shoulder pain. The provider is requesting "MRI study of shoulder Arthrogram" stating "patient is still in pain and discomfort in the right shoulder." Regarding MR Arthrogram, ODG guidelines state "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Review of the reports show that the patient is status post right rotator cuff repair from 06/28/2013 and continues to have ongoing pain with weakness. In this case, the requested MR Arthrogram to assess the shoulder appears reasonable and consistent with ODG. Therefore, this request is medically necessary.