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| <b>Case Number:</b>   | CM14-0214667 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 04/10/2013 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/22/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 4/10/2013. Mechanism of injury is described as a fall from a ladder. Patient has a diagnosis of R hip contusion(resolved) and patient is post R shoulder arthroscopic surgery on 1/6/14 for lysis of adhesions. Medical reports reviewed. Last report available until 10/20/14. Patient has minimal pain to R shoulder. Objective exam reveals R shoulder with minimal pain. Range of motion is mildly limited. Pain on cross reach. Positive Neer and Hawkin's sign. EMG of upper extremity dated 5/22/14 revealing ulnar damaged. MRI of R shoulder(8/22/13) showed tendinosis of supraspinatus and subscapularis with no tears, split tear at ling head of biceps tendon, 2mm projecting spur at lateral acromion causing impingement on supraspinatus tendons. Independent Medical Review is for MRI arthrogram of R shoulder. Prior Utilization Review on 11/24/14 recommended denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) arthrogram of the right shoulder x1:** Upheld

**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 Shoulder

**Decision rationale:** There is no appropriate section in the ACOEM or MTUS Chronic pain guidelines that deal with this topic. As per Official Disability Guidelines(ODG), MR arthrogram is recommended as an option to detect labral tears or for suspected re-tear of rotator cuff repair. There is no justification noted to support indication for MR arthrogram since a basic MRI of the shoulder can do the same. There is no documentation of any change in exam, conservative care, red flag findings or any reason for why MRA was ordered and not a basic MRI of the shoulder. MR Arthrogram of shoulder is not medically necessary.