

<b>Case Number:</b>	CM15-0102900		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 64-year-old female with a June 8, 2011 date of injury. A progress note dated April 29, 2015 documents subjective findings (increased right shoulder pain with burning sensation and difficulty raising the arm above shoulder level), objective findings (tenderness to palpation about the right trapezius musculature; restricted range of motion due to discomfort and pain; positive impingement sign; muscle spasms noted; tenderness to palpation about the lumbar paravertebral musculature; restricted range of motion of the lumbar spine due to discomfort and pain; lumbar extensor weakness; diffuse tenderness to palpation of the left knee; mild effusion noted; slight crepitus with palpable click), and current diagnoses (work related fall; right shoulder strain; lumbar spine strain with radicular complaints; left knee strain/contusion; depression and insomnia; gastritis). Treatments to date have included magnetic resonance imaging of the right shoulder (showed evidence of a tear of the distal and anterior supraspinatus tendon), right shoulder arthroscopy with rotator cuff repair, epidural steroid injection of the lumbar spine, lumbar spine fusion, left knee arthroscopy, home exercise, medications, and aquatic therapy. The treating physician requested authorization for a magnetic resonance arthrogram of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA study of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, MR arthrogram.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the guidelines, an arthrography is optional for rotator tears undergoing surgery. In this case, the claimant had prior arthroscopic surgery of the right shoulder. There was no indication of another surgery. In addition, specific physical findings were not reported to support the need for an MRA. The request for an MRA of the right shoulder is not substantiated and not medically necessary.