

<b>Case Number:</b>	CM15-0109239		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/20/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, Texas, New Mexico  
Certification(s)/Specialty: Anesthesiology

### 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 injured worker is a 42 year old female, who sustained an industrial injury on 2/20/2010. The current diagnosis is impingement syndrome of the right shoulder. According to the progress report dated 4/17/2015, the injured worker complains of severe right shoulder pain. The level of pain is not rated. The physical examination of the right shoulder reveals tenderness over the subacromial region and in the direction of the rotator cuff, restricted range of motion, and positive impingement sign, Hawkin's test, and cross-body adduction test. The current medication list is not available for review. Treatment to date has included medication management, x-rays, sling, and steroid injection. The plan of care includes MR arthrography of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MR arthrography of the right shoulder, as an outpatient: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 208,209,214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - MR Arthrogram.

**Decision rationale:** This is a review for the requested MR arthrography of the right shoulder. According to the medical documentation this patient has a diagnosis of Right shoulder impingement syndrome, which is noted in the "IMPRESSION" section of the medical documentation on 4/17/2015. There is no additional evidence or documented suggestion of possible rotator cuff injury or questionable additional shoulder diagnosis. According to the Occupational Medicine Practice Guidelines MR arthrography is not indicated for the diagnosis of impingement syndrome of the shoulder. It is not indicated for evaluation without surgical indications. According to the ODG, MR arthrography is recommended in cases of detection of labral tears and labral pathology. There is no documented evidence of physical examination findings consistent with or suspected possibly undetected labral pathology. Therefore the above listed issue is considered to be NOT medically necessary.