

<b>Case Number:</b>	CM15-0010478		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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

Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 51 year old male who sustained an industrial injury on 05/06/2011. Records show the injuries were to the low back as well as neck, bilateral upper extremities, and a compensable psychiatric component. He has reported subjective complaints of low back pain worse with activity with radiating pain to the right posterior thigh. He also complains of increasing pain in the right shoulder over a recent period of two months with weakness and difficulty with activities of daily living. He describes his pain as an 8/10 despite medication use. Diagnoses include chronic lumbago, and right shoulder impingement syndrome with rotator cuff tear and mild left shoulder impingement syndrome status post bilateral shoulder arthroscopies. Treatments have included medications of Vicodin, Ibuprofen, Ambroxol, Pantoprazole and Amitriptyline. MRI's of the lumbar spine done 1/16/2013 show multilevel disc bulging from L2-3 through L4-5 with bilateral neural foraminal narrowing. A prior MRI of the shoulder on 2/14/2012 showed extensive metallic artifact with bicipital tenosynovitis and obstruction of the rotator cuff due to magnetic susceptibility artifact. A scan of the claimant's left shoulder in 2012 showed complete tearing of the supra and infraspinatus tendons for which an arthrogram was recommended due to magnetic artifact. Objectively the IW has tenderness to the lumbar spine with diminished range of motion and sensation in a left L3 and L4 dermatome distribution. Reflexes were equal and symmetrical. Upper extremity examination showed tenderness to the right greater than left acromioclavicular joint at the shoulder with pain to the anterior aspect of the shoulder, diminished shoulder range of motion, with positive impingement and Neer testing bilaterally. On 01/13/2015 Utilization Review non-certified a request for a MRI-Arthrogram of

the Right Shoulder noting the absence of red flags. The ACOEM Guidelines, Chapter 9 Shoulder Complaints were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI-Arthrogram, Right Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) MR arthrogram

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder magnetic resonance (MR) arthrogram. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicates that MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The orthopedic surgeon's consultation report dated December 5, 2014 documented a history of bilateral shoulder surgeries. The patient reported progressive right shoulder pain, with positive impingement, weakness, and decreased range of motion. The orthopedic surgeon suspected recurrent rotator cuff tear. MRI arthrogram was requested. Official Disability Guidelines (ODG) indicates that MR arthrogram is recommended for suspected re-tear post-op rotator cuff repair. The patient has past shoulder surgery and current suspicion for recurrent rotator cuff tear. Therefore, the request for magnetic resonance MR arthrogram of the right shoulder is supported by ODG guidelines. Therefore, the request for MRI arthrogram of the right shoulder is medically necessary.