

<b>Case Number:</b>	CM15-0011064		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 36 year old male, who sustained an industrial right shoulder and knee injury on 10/02/2014. The diagnoses have included shoulder/upper arm strain, knee/leg sprain, and shoulder pain. Treatments to date have included physical therapy, brace/splint/assistive device, and medications. There is no record of recent MRI or other diagnostic testing. In a progress note dated 12/13/2014, the injured worker presented with complaints of right knee and shoulder pain. The treating physician reported the injured worker has had 0% improvement and has an upcoming appointment to see an orthopedic specialist. Utilization Review determination on 12/30/2014 non-certified the request for Outpatient MRI Arthrogram of the Right Shoulder with Contrast citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI arthrogram of the right shoulder with contrast:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), MR arthrogram

**Decision rationale:** MTUS is silent specifically regarding MRI Arthrogram of the shoulder. Therefore, other guidelines were utilized. ODG states regarding MR Arthrogram of the Shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." The treatment notes indicate shoulder pain on abduction and a positive Neer's test. While the treating physician writes to rule out labral pathology, the records fail to demonstrate why an MRI of the shoulder should not be performed prior to this procedure. As such, the request for MRI Arthrogram of the Right Shoulder with contrast is not medically necessary at this time.