

<b>Case Number:</b>	CM15-0012859		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on December 26, 2002. He has reported neck pain, lower back pain, bilateral shoulder pain, knee pain, and wrist pain. The diagnoses have included cervical spine radiculopathy, chronic regional pain syndrome, and lumbar spine radiculitis. Treatment to date has included physical therapy, injections, shoulder surgery, spinal cord stimulator and imaging studies. A progress note dated December 10, 2014 indicates a chief complaint of left shoulder pain. Physical examination showed a positive impingement sign of the left shoulder. The treating physician requested approval for a re-evaluation and computed tomography arthrogram of the left shoulder to rule out a rotator cuff tear. The injured worker was unable to undergo a magnetic resonance imaging for the left shoulder due to the spinal cord stimulator implantation. On January 7, 2015 Utilization Review certified the request for the re-evaluation and denied the request for the computed tomography arthrogram citing the MTUS, ACOEM Guidelines, and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CT Arthrogram to Rule Out a Left Rotator Cuff Tear: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder; Acute and Chronic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, or specific surgical lesion, the medical necessity for shoulder MRA has not been established. The 1 CT Arthrogram to Rule Out a Left Rotator Cuff Tear is not medically necessary and appropriate.