Case Number:	CM15-0015736		
Date Assigned:	02/03/2015	**Date of Injury:**	08/15/2011
Decision Date:	03/26/2015	**UR Denial Date:**	01/26/2015
Priority:	Standard	**Application Received:**	01/27/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 55 year old male, who sustained an industrial injury on August 15, 2011. The diagnoses have included cervical radiculopathy, right shoulder sprain/strain, right shoulder rotator cuff tear with repair and myofascial pain syndrome. A progress note dated January 8, 2015 provides cervical spine tenderness on palpation with myofascial tightness. Cervical range of motion (ROM) is painful. Shoulder pain with range of motion (ROM) and impingement on the right is noted. On January 26, 2015 utilization review non-certified a request for MR arthrogram for the right shoulder. The Official Disability Guidelines (ODG) was utilized in the determination. Application for independent medical review (IMR) is dated January 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram for 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, Shoulder (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MR arthrogram http://www.odg-twc.com/index.html

Decision rationale: According to ODG guidelines, MR arthrogram is 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. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. (Steinbach, 2005) The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. (Hodler, 1992) It may be prudent to include an anesthetic in the solution in preparation for shoulder MR arthrography. (Fox, 2012) Non-contrast MRI is sufficient for rotator cuff tears, and contrast enhancement is recommended for SLAP tears. In the past when MRI images and sensitivity were poor, the additional injection of contrast into the shoulder improved interpretation. This is not necessary with modern high field machines. (Spencer, 2013) (Farshad-Amacker, 2013) (Arnold, 2012) Intraarticular contrast material is helpful in diagnosing labral tears in the shoulder, particularly tears of the anterior labrum. (Major, 2011) See also Magnetic resonance imaging (MRI). There is no documentation that the patient is suspected to have labral tears, or for suspected re-tear post-op rotator cuff repair. Therefore, the request for MR Arthrogram for the Right Shoulder is not medically necessary.