

<b>Case Number:</b>	CM15-0015878		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 37 year old female, who sustained an industrial injury on 4/30/2014. She reports a right shoulder injury. Diagnoses include complete rupture of the rotator cuff. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 11/17/2014 indicates deep shoulder pain. On 1/6/2015, Utilization Review non-certified the request for a right shoulder magnetic resonance imaging with injection, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder with injection 73222, 23360:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online edition; Chapter Shoulder (Acute and Chronic), MR Arthrogram

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter. MR Arthrography

**Decision rationale:** This patient presents with right shoulder pain. The treater has asked for MRI OF THE RIGHT SHOULDER WITH INJECTION on 12/22/14. The patient had a prior MRI of the right shoulder on 7/11/14 that came out negative, with normal appearance of the rotator cuff. The treater has seen the prior negative MRI but believes there is a small undersurface tear which may or may not be real, and no way to know unless you look at it arthroscopically per 10/13/14 report. The treater suspects there is a partial cuff tear in the right shoulder per 12/22/14 report. It would appear that the request of an MRI with "injection," refers to MR arthrogram. Regarding MR arthrogram, ODG guidelines state: Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI." In this case, the treater still suspects rotator cuff tear despite a negative conventional MRI. The request is for an MRI with injection, or MR arthrogram. The request appears reasonable as there is support in the guidelines that MR arthrogram can detect subtle full-thickness tears of rotator cuff not picked up on regular MRI. The request IS medically necessary.