

<b>Case Number:</b>	CM15-0116006		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 40 year old female with a July 18, 2013 date of injury. A progress note dated May 13, 2015 documents subjective complaints (right shoulder pain that radiates to the lateral aspect of the upper arm; frequent shoulder instability; sleep disturbance), objective findings (decreased range of motion and strength of the right shoulder; positive impingement test; pain with shoulder apprehension sign; positive O'Brien's test; tenderness to palpation of the acromioclavicular joint; decreased right grip strength), and current diagnoses (impingement/rotator cuff tendinitis, right; rotator cuff tear; bicipital tenosynovitis and superior labrum anterior to posterior lesion/labral tear). Treatments to date have included physical therapy that made the condition worse, magnetic resonance imaging of the right shoulder (January 23, 2014; showed focal bursal surface partial tearing involving 50% of the footprint of the attachment side of the supraspinatus cuff, and a small anterosuperior labral tear), and medications. The treating physician documented a plan of care that included an updated magnetic resonance imaging of the right shoulder.

### 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 intraarticular contrast/arthrogram:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthrography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that the patient has failed conservative treatment, and her initial MRI was 18 months ago. In this case, while the patient has not had substantial changes in symptoms or "red-flag" developments, in the opinion of this reviewer, an MR arthrogram is warranted in order to assess the shoulder in planning for what appears to be likely operative intervention after two years of failed conservative management and known pathology. Therefore, the request for arthrogram is medically appropriate and necessary.