

<b>Case Number:</b>	CM15-0117232		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 04/15/2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder pain and weakness; right shoulder large rotator cuff tear (supraspinatus and infraspinatus); status post right shoulder arthroscopic rotator cuff repair with allodermis reconstruction, subacromial decompression, mini-Mumford, and limited synovectomy, on 01/08/2015; and right shoulder stiffness. Treatment to date has included medications, diagnostics, ice, injections, physical therapy, and surgical intervention. Medications have included Ibuprofen and Percocet. A progress note from the treating physician, dated 05/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder stiffness. Objective findings included well-healing incisions to the right shoulder without erythema, drainage, or signs of infection; and x-rays of the right shoulder taken on 01/19/2015, showed appropriate decompression and intact glenohumeral joint. The treatment plan has included the request for MRI Arthrogram, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214.

**Decision rationale:** The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. There is no indication that the injured worker is being considered for surgery, therefore, the request for MRI Arthrogram, right shoulder is not medically necessary.