Case Number:	CM15-0146460		
Date Assigned:	08/07/2015	**Date of Injury:**	05/24/2007
Decision Date:	10/02/2015	**UR Denial Date:**	06/25/2015
Priority:	Standard	**Application Received:**	07/28/2015

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 64 year old female, who sustained an industrial injury on 5-24-07. She has reported initial complaints of a right shoulder injury. The diagnoses have included right shoulder impingement syndrome, right shoulder rotator cuff re-tear, and right shoulder post-operative status post arthroscopy with rotator cuff repair in 2003. Treatment to date has included medications, activity modifications, diagnostics, surgery, and other modalities. Currently, as per the physician progress note dated 3-2-15, the injured worker complains of right shoulder pain with weakness and difficulty elevating the right shoulder. The objective findings-physical exam reveals that the right shoulder passive range of motion is as follows. The forward flexion is 175 degrees, abduction is 175 degrees internal rotation is 80 degrees and external rotation is 60 degrees. The active ranges of motion were as follows. The forward flexion 100 degrees, abduction is 90 degrees, internal rotation to the lower thoracic spine and external rotation 40 degrees. There is positive Hawkin's, Neer's impingement test as well as positive external rotation abduction test of the right shoulder. The physician notes that there was a Magnetic Resonance Imaging (MRI) performed with arthrography on the right shoulder in January of 2011 that shows evidence of a full thickness rotator cuff tear. However, the more recent Magnetic Resonance Imaging (MRI) of the right shoulder dated 2-27-15 does not show a rotator cuff tendon tear and therefore is a direct contraindication with the previous Magnetic Resonance Imaging (MRI) performed in 2011. The physician requested treatment included Repeat MR arthrogram right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MR arthrogram right shoulder body part: right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient presents on 03/02/15 with lateral right leg pain and right shoulder pain and associated loss of function. The patient's date of injury is 05/24/07. Patient is status post arthroscopic rotator cuff repair in 2003. The request is for REPEAT MR ARTHROGRAM RIGHT SHOULDER BODY PART: RIGHT SHOULDER. The RFA is dated 04/13/15. Physical examination dated 03/02/15 reveals positive Hawkin's sign, Neer's sign, and external rotation abduction test in the right shoulder. The joint is noted to be non-tender to palpation. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the right shoulder without contrast dated 02/27/15, finding: "No full thickness tear of rotator cuff. Articular surface fraying of supraspinatus is noted with tendinopathy and postoperative changes. Consider follow-up arthrogram evaluation is there is a high clinical suspicion for occult injury. AC joint arthropathy. Tenosynovitis of biceps tendon... distention of the subacromial space suspicious for bursitis." Patient is currently classified as temporarily totally disabled. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. 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. 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. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regard to the request for a repeat MR arthrogram of this patient's right shoulder following right shoulder MRI performed on 02/27/15, this patient does not meet guideline criteria. Progress note dated 03/02/15 states that the reason for this request is to resolve the differences between the 02/27/15 MRI, which showed no evidence of rotator cuff tear, and the previous MRI in 2011 which showed evidence of a rotator cuff tear. The provider states: “I am requesting an MRI to be redone of this lady's right shoulder with arthrogram to evaluation the rotator cuff tendons more specifically and sensitively.” While the provider feels as though an MR arthrogram would

improve his understanding of this patient's right shoulder prior to an upcoming surgery, repeat imaging is reserved for a significant change in symptoms or findings consistent with a significant pathology. In this case, the provider does not document any significant decline in this patient's presentation, and the most recent MRI does not suggest any significant ongoing injury to the joint which would support the necessity of repeat imaging. Therefore, the request IS NOT medically necessary.