

<b>Case Number:</b>	CM15-0068110		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Family Practice

### 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 male, who sustained an industrial injury on 4/30/2009. He reported low back and left shoulder pain. He is status post left shoulder labral tear repair on 8/25/10. Diagnoses include left shoulder impingement syndrome, lumbar spine discopathy and radiculitis. Treatments to date include activity modification, medication therapy, physical therapy, home exercise, chiropractic therapy, cortisone joint injections, and epidural steroid injection with documented 50-60% improvement in radicular symptoms for eight weeks. Currently, he complained of back pain. On 12/4/14, the physical examination documented lumbar tenderness in muscles and facets L4-S1. The plan of care included continuation of medication therapy. Qualified Medical Examination on 12/8/14 revealed minimal decreased left shoulder range of motion, negative impingement, no instability, no atrophy, and tenderness over the coracoid process and long head biceps tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram left 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): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**Decision rationale:** According to the ACOEM shoulder chapter, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. The Official Disability Guidelines recommend MR arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The injured worker is status post left shoulder labral tear repair on 8/25/10. There are no current examination findings documenting shoulder examination findings to support the requested study. The last examination of the left shoulder is dated 12/8/14 which did not reveal any positive clinical examination findings suggestive of left shoulder internal derangement. The request for MR arthrogram left shoulder is not medically necessary and appropriate.