

<b>Case Number:</b>	CM15-0097607		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Florida

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 45 year old male, who sustained an industrial injury on June 17, 2013. His treatment includes work restrictions and medications. Currently, the injured worker complains of continued neck pain with radiation of pain to the left shoulder and left arm. He reports improved low back pain. The injured worker reports decreased mobility. The diagnoses associated with the request include degenerative arthritis of the cervical spine, left median nerve neuropathy and sprain of the shoulder and upper arm. The treatment plan includes MRI of the neck and left shoulder with arthrogram and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Chapter: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special diagnostic studies and treatment considerations. Page 207 Page(s): 207. Decision based on Non-MTUS Citation Rotator cuff imaging techniques. UW Medicine. Orthopedics Sports Medicine

2013. <http://www.orthop.washington.edu/?q=patient-care/articles/shoulder/rotator-cuff-imaging-techniques.html>.

**Decision rationale:** Utilization review did not approve a request for an MRI with arthrography of the left shoulder to rule out a rotator cuff tear as utilization review implies that a non-contrast MRI is considered sufficient to rule out rotator cuff tears. MRI arthrogram is considered by many sources to be more sensitive and to be the test of choice for detecting a rotator cuff tear or a labral tear, as opposed to an MRI performed without contrast, which is more likely to miss a tear. This study is medically appropriate and medically necessary.