

<b>Case Number:</b>	CM14-0102773		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 61-year-old female was reportedly injured on January 13, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicates that there are ongoing complaints of right shoulder and left knee pain. Current medications include Annville, ibuprofen, and Norco. The physical examination demonstrated tenderness over the rotator cuff insertion and the anterior capsule. There was decreased active range of motion of the right shoulder and a positive drop arm test. There was also a positive impingement and Hawkins test, Neer's test, speed's test, and O'Brien's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy with meniscectomy and ACL reconstruction as well as postoperative physical therapy and the use of a hinged knee brace. There is also a history of a right shoulder arthroscopy, debridement, and rotator cuff repair along with biceps tenodesis. A request had been made for an MR arthrogram of the right shoulder and was not certified in the pre-authorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram of the RT Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI, Updated August 27, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a repeat MRI the shoulder is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. It is unclear if the injured employees currently shoulder symptoms are significant change from prior. Furthermore a note dated April 16, 2013, indicates that the injured employee has had a recent MRI of her right shoulder for which the complete results are unknown. For these reasons, this request for an MR arthrogram of the right shoulder is not medically necessary.