

<b>Case Number:</b>	CM14-0154720		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This 54-year old woman reported injuries to her neck, R shoulder and both wrists due to repetitive ironing a work, date of injury 7/17/07. Treatment has included bilateral carpal tunnel releases with a revision on the right, a right shoulder subacromial decompression and rotator cuff debridement, and several shoulder steroid injections, both before and after the surgery. It is unclear from the records if she has had any physical therapy, and if so how much. She is currently being treated with topical Voltaren and "medical foods". The most recent note in the records from her primary treater is dated 8/26/14. It states that the patient is status post a right acromioclavicular joint injection with minimal relief, but does not further describe her shoulder pain. Physical exam reveals decreased shoulder range of motion, positive impingement signs, and positive tests for supraspinatus and subscapularis pain. Treatment plan includes advising the patient to continue home exercise, continuing Voltaren gel and Theramine "medical food", and a request for Magnetic Resonance Arthrography (MRA) of the right shoulder. The rationale given for the MRA is to better assess the problem of continued right shoulder pain despite previous right shoulder surgery. The patient's work status is listed as P&S (permanent and stationary).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upr extrem w/dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The MTUS guidelines are silent on the topic of magnetic resonance arthrography. Official Disability Guidelines (ODG), Shoulder chapter, Arthrography, and Magnetic resonance imaging (MRI) X Other Medical Treatment Guideline or Medical Evidence: American College of Radiology Appropriateness Criteria, Acute Shoulder Pain, radiographs noncontributory, status post prior rotator cuff repair, suspect re-tear

**Decision rationale:** MRI (magnetic resonance imaging) of a joint with dye is also known as magnetic resonance arthrography, or MRA. The ODG reference above states that MRI and Arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. MRI may be preferable 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. In most institutions MR arthrography is necessary to diagnose labral tears. The ACR (American College of Radiology) guideline states that MRI without contrast and MR arthrography (MRA) are equivalent for evaluating possible re-tear after prior rotator cuff repair. The text version of the recommendations states that a condition called nephrogenic systemic fibrosis (NSF) is associated with administration of gadolinium-based contrast agents in the setting of compromised renal function. NSF can cause a spectrum of problems that range from mild to fatal. Since the provider who requested this test has not specified what condition he suspects, it is not possible to state whether or not MRA is the test of choice. MRA would be preferable over MRI for only two concerns: subtle full thickness rotator cuff tears, or labral tears. The provider has not documented either of these concerns. He has also not documented any evaluation of the patient's renal function status. If she has renal compromise gadolinium, which is the contrast agent (dye) used for MRA, would be contraindicated. The provider has not documented why he is requesting this specific test, and because it appears likely that an MRI without contrast is the more appropriate test. In addition, until the provider has established and documented that the patient has normal renal function, gadolinium and therefore MRA is not advisable. Therefore, MRI joint upper extremity with dye (or more specifically MRA of the R shoulder), is not medically necessary in this case.