

<b>Case Number:</b>	CM14-0023156		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/16/2005
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Internal Medicine and is licensed to practice in Virginia and Washington D.C. 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 is a 66 year-old patient who sustained injury on July 16, 2005. She injured her neck, left shoulder and wrist, and low back after falling at work. She was diagnosed with left shoulder acromioclavicular joint arthropathy and left shoulder impingement syndrome. She had an MR Arthrogram on October 16, 2006 which noted a medial meniscus tear. The patient had MR of the left shoulder on January 6, 2014 which showed severe rotator cuff tendinosis with no definite tear, signal changes to the superior/anterior labrum, for noting either degenerative change or less likely a tear with moderate to severe degenerative hypertrophic change of the acromioclavicular joint and there was a prominent joint body within the subscapular recess. ■■■■■ saw the patient on January 15, 2014 and ordered an MR of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram of the Left 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), MR Arthrogram.

**Decision rationale:** Per Official Disability Guidelines (ODG), MR Arthrogram is an option for detection of labral tears and for suspected re-tearing postop rotator cuff repair. Arthrogram: recommend as indicated below. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. MRI may be preferred method of investigation because of its better demonstration of soft tissue anatomy (Banchard 1999). Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears (Oh, 1999) (Magee 2004). The clinical documentation does not support this medical exam and is therefore, not medically necessary.