

<b>Case Number:</b>	CM13-0055399		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old female, who sustained an industrial injury on May 13, 2010. On October 22, 2013, her treating physician treatment plan includes an MRI arthrogram of the right shoulder. The diagnoses include right shoulder rotator cuff re-tear, status post rotator cuff repair. The provided medical records did not include any documentation of exams with subjective/objective findings. On November 13, 2013, Utilization Review non-certified a request for an MRI arthrogram of the right shoulder and a request for orthopedic re-evaluation of the right shoulder, noting lack of documentation of exams with subjective/objective findings provided to determine the necessity of the requests. The ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI ARTHROGRAM RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Shoulder (Acute & Chronic)Arthrography.

**Decision rationale:** The injured worker sustained a work related injury on May 13, 2010. The medical records provided indicate the diagnosis of right shoulder rotator cuff re-tear, status post rotator cuff repair. The medical records provided for review do not indicate a medical necessity for MRI ARTHROGRAM RIGHT SHOULDER. Both the MTUS and The Official disability Guidelines state that both the MRI and MRI Arthrogram provide similar information, except the MRI is more sensitive while the MRI arthrogram is more specific. However, the MRI is generally the preferred method of imaging. Nevertheless, the MRI arthrogram is the preferred method for subtle full thickness tears, or labral tears. The records reviewed did not provide enough information, like the history, physical examination and previous findings in imaging studies.

**ORTHO RE-EVALUATION RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on May 13, 2010. The medical records provided indicate the diagnosis of right shoulder rotator cuff re-tear, status post rotator cuff repair. The medical records provided for review do not indicate a medical necessity for ORTHO RE-EVALUATION RIGHT SHOULDER. The history, physical examination and previous treatments were not included in the records reviewed. The MTUS recommends detailed history and physical examination as necessary tools in determining the management approach.