

<b>Case Number:</b>	CM13-0009603		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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 claimant has a history of right shoulder pathology dating back to 2002. The claimant underwent a right shoulder open repair in January 2003. The claimant later underwent an additional right shoulder surgery in December 2007. It appears that the claimant underwent a subacromial decompression, distal clavicle excision, and potentially a superior labrum anterior and posterior (SLAP) repair. A new MRI of the right shoulder has been ordered to evaluate complaints of right shoulder pain. Exam findings, however, are quite limited with documentation of only decreased range of motion and tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** A repeat MRI of the right shoulder cannot be recommended as medically necessary. The records suggest that the claimant underwent a previous MRI of the right shoulder

on 3/30/10. It is unclear if the claimant had significant changes in symptoms or exam findings since that time. It is unclear if the claimant had any interval trauma. The most recent records do not document a thorough physical examination. Specifically, there is no documentation of diminished strength upon testing the rotator cuff nor is there mention of examination of shoulder stability. There is also no indication of examination with provocative labral testing. Recent conservative treatment has been relatively limited with notation of an injection. An MRI would generally be indicated for patients with physiologic evidence of tissue insult or neurovascular dysfunction, such as weakness from a rotator cuff tear. An MRI generally also requires failure to progress in a strengthening program. The information provided does not meet the guidelines for MRI at this time. Thus, the right shoulder MRI is not medically necessary and appropriate.