

<b>Case Number:</b>	CM13-0013796		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain associated with an industrial injury sustained on July 9, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; a shoulder corticosteroid injection on October 8, 2013; MRI imaging on September 24, 2013, notable for mild tendinopathy without evidence of a full thickness or partial thickness tear; and extensive periods of time off of work, on total temporary disability. In a progress note dated August 19, 2013, the applicant presented with persistent shoulder pain and tenderness, and markedly diminished range of motion. The applicant is given a presumptive diagnosis of rotator cuff tear, and is asked to obtain a shoulder MRI and an orthopedic shoulder surgery consultation while remaining off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for an MRI of the shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, the primary criteria for ordering imaging studies include failure to progress in a strengthening program intended to avoid surgery and when clarification of the anatomy is being sought prior to an invasive procedure. In this case, the applicant had proven recalcitrant to conservative measures including time, medications, physical therapy, a corticosteroid injection, etc. Markedly diminished shoulder range of motion was evident, per the attending provider. MRI imaging to more clearly delineate the anatomy of the rotator cuff was therefore indicated. Accordingly, the request is certified.