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| <b>Case Number:</b>   | CM13-0017341 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 10/20/1995 |
| <b>Decision Date:</b> | 01/15/2014   | <b>UR Denial Date:</b>       | 08/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2013 |

### 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 Internal Medicine and Pulmonary Disease 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 patient is a 65 year old male who reported an injury on 10/20/1995. The patient is currently diagnosed with thoracic or lumbosacral neuritis or radiculitis, spasm of muscle, pain in a joint of the shoulder, lumbago, cervical disc degeneration, and cervical radiculopathy. The patient was recently evaluated by [REDACTED] on 08/01/2013. The patient reported 7/10 pain, decreased function, mood, and impaired ability to sleep. The patient also complained of low back pain, bilateral hip pain, and right shoulder pain. Current medications included tizanidine, Flector patch, Elavil, gabapentin, and tramadol. A past surgical history includes rotator cuff repair x2, as well as left knee reconstruction x2. Physical examination revealed normal gait, tenderness of the paracervical muscles and trapezius, restricted range of motion of the right shoulder, positive Hawkins maneuver, positive empty can testing, and positive Speed's and drop arm testing. The patient also demonstrated decreased sensation at C8 and T1 distributions. Treatment recommendations included continuation of current medications and an MRI of the right shoulder. An MRI submitted on 08/22/2013, which indicated postsurgical metallic artifact seen within the soft tissues adjacent to the greater tuberosity of the humerus, mild atrophy of the infraspinatus muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic Resonance Imaging (MRI)

**Decision rationale:**