

<b>Case Number:</b>	CM13-0020099		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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:

According to the records made available for review, this is a 56-year-old female with a 10/25/11 date of injury. At the time of request for authorization for MRI without contrast, right shoulder, there is documentation of subjective (right shoulder pain with electrical pain down the arm) and objective (guarded posture of the right shoulder, poor arm swing, diffuse tenderness of the right arm/shoulder, decreased right shoulder range of motion, significant weakness of the right arm, and 1+ reflexes of the right upper extremity) findings, imaging findings (MRI of the right shoulder (6/16/12) report revealed bursal sided partial thickness tear of the posterior fibers of the supraspinatus and anterior fibers of the infraspinatus with mild fatty infiltration, small fluid in the subacromial/subdeltoid bursa, and mild osteoarthritis of the acromioclavicular joint), current diagnoses (rotator cuff syndrome, sprain of rotator cuff, and adhesive capsulitis of the shoulder), and treatment to date (injection, therapy, and medication). Report indicates the patient is status post right shoulder rotator cuff repair on 5/8/13. Plan indicates MRI of the right shoulder to evaluate status of rotator cuff repair. There is no documentation of new or progressive findings or remaining findings not resolved by 5/8/13 right shoulder rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 207-209. Decision based on Non-MTUS Citation (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify tissue insult or neurovascular dysfunction (e.g. cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear as additional criteria necessary to support the medical necessity of MRI. In addition, ODG states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder rotator cuff repair on 5/8/13, rotator cuff syndrome, sprain of rotator cuff, and adhesive capsulitis of the shoulder. However, despite documentation of a plan indicating MRI of the right shoulder to evaluate status of rotator cuff repair, subjective findings (right shoulder pain with electrical pain down the arm), and objective findings (guarded posture of the right shoulder, poor arm swing, diffuse tenderness of the right arm/shoulder, decreased right shoulder range of motion, significant weakness of the right arm, and 1+ reflexes of the right upper extremity), there is no (clear) documentation of new or progressive findings or remaining findings not resolved by 5/8/13 right shoulder rotator cuff repair. Therefore, based on guidelines and a review of the evidence, the request for authorization for MRI without contrast, right shoulder is not medically necessary.