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| <b>Case Number:</b>   | CM13-0047413 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 10/19/2012 |
| <b>Decision Date:</b> | 05/08/2014   | <b>UR Denial Date:</b>       | 10/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/01/2013 |

### 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. The expert 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 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/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 has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; corticosteroid injection therapy; and extensive periods of time off of work. In a clinical progress note of October 22, 2013, it is stated that the applicant is having ongoing issues with shoulder pain. The note is quite difficult to follow and mingles old complaints with current complaints. The applicant underwent recent shoulder arthroscopy, biceps tendinosis, and decompression surgery on August 15, 2013. The applicant only completed two of six sessions of postoperative physical therapy. The applicant exhibits diminished range of motion about the injured shoulder, normal range of motion, swelling, and pain, it is stated. The applicant is given a diagnosis of biceps tendonitis and asked to pursue 4 to 10 additional sessions of occupational therapy. Work restrictions are endorsed, which the applicant's employer cannot accommodate. MRI imaging of the chest and shoulder are likewise endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN MRI OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2008), Shoulder Complaints, pages 561-563.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, primary criteria for ordering imaging study such as MRI include evidence that surgery is being considered for specific anatomic defect in applicants who have tried and failed to progress in a strengthening program intended to avoid surgery. In this case, however, the applicant was still in the process of pursuing postoperative physical therapy as of the date of the request for MRI imaging. There is no indication that the applicant was planning to consider repeat shoulder surgery so soon after the earlier procedure of August 15, 2013, as of the date of the request, October 22, 2013. Accordingly, the request for MRI imaging is not certified, for all of the stated reasons.