

<b>Case Number:</b>	CM13-0050919		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/12/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 43-year-old male who suffered a work-related injury on 11/12/2011. The mechanism of injury was a television falling onto his right arm. Since then, he has had continuous pain that he reports at a 7/10. He has subsequently undergone an arthroscopy surgical procedure on 6/3/13 with subacromial decompression and repair of possible rotator cuff tearing. The month after his surgery, he complained of persistent pain and stiffness. He has undergone physical therapy. As of 8/8/13, the patient had had 12 visits of therapy. At that point, the patient has had some improvement in his pain and improvement in his range of motion. The most recent progress note dated 11/19/13 states that the patient has less pain to the right shoulder, right elbow and right wrist. The therapy helps to reduce spasm and improve quality of sleep. Pain is worse on pushing, pulling and lifting. Objecting findings include tenderness to the right volar carpal ligament, medial epicondyle of the elbow and right subacromial bursa with improving range of motion.

### 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 Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 202. Decision based on Non-MTUS Citation  
[acr.org/~media/ACR/Documents/PGTS/guidelines/MRI\\_Shoulder.pdf](http://acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Shoulder.pdf).

**Decision rationale:** Shoulder MRIs are generally indicated for rotator cuff tendon abnormalities, disorders of the long head of biceps, conditions affecting the thoracic outlet, acromioclavicular, and sternoclavicular joints, the ligamentous apparatus of the entire shoulder girdle, intra-articular bodies, infections of the soft tissue, joint and bone, synovial disorders and vascular conditions, and patients with recurrent, residual, or new symptoms following shoulder surgery. Because of the statement regarding improvement in both the level of his pain and range of motion, the request for a shoulder MRI is without merit and, at this time, is not medically necessary.