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| <b>Case Number:</b>   | CM13-0054825 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 04/30/2012 |
| <b>Decision Date:</b> | 07/07/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/15/2013 |

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 39 year old female who reported an injury on 04/30/2012. She reported right shoulder pain. An MRI of the right shoulder was performed on 11/04/2013 and revealed marked effacement of the subacromial fat secondary to pannus formation in the acromioclavicular joint with upward angulation of the clavicle, tendinosis and edema of the rotator cuff with a partial tear of the rotator cuff beneath the acromion, and fluid in the sub deltoid space. Diagnoses included tendinosis and edema of the rotator cuff with a partial tear beneath the acromian, marked impingement, and fluid in the sub deltoid space. The request for authorization was not provided for review. The rationale was right shoulder pain.

### 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 rationale:** ACOEM Guidelines state that criteria for ordering imaging studies are emergence of a red flag (indications of intra-abdominal or cardiac problems presenting as

shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There were no reports of physical examination findings indicating any of the above provided. The documentation provided lacks all of the necessary documentation to warrant the need for an MRI. As such, the request is not medically necessary and appropriate.