

<b>Case Number:</b>	CM13-0055608		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/27/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Orthopedic Surgery 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:

This is a 34-year-old gentleman who was injured 04/27/08. Records indicate an injury to the left shoulder. Records for review include a recent MR arthrogram with contrast to the shoulder from 12/02/13 showing calcific tendinitis with no rotator cuff tearing and mild AC joint degenerative changes. Following this, there was no post imaging assessment performed. The only prior assessment in this case was in 10/29/13 progress report describing a diagnosis of left shoulder tendinosis stating the claimant was with objective findings showing restricted range of motion, tenderness to palpation over the trapezius and left AC joint and positive impingement findings. Recommendations at that time were for an arthrogram to the left shoulder as well as prescription for Motrin to be continued for anti-inflammatory purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI Athrogram to left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (MR) Arthrogram.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**Decision rationale:** Based on California ACOEM Guidelines, the imaging to the claimant's left shoulder would not be indicated. This individual was injured roughly six years ago with no documentation of acute clinical finding on examination that would necessitate the need for imaging. The claimant's recent MR scan of December 2013 was negative for acute internal pathology. Guidelines in regards to imaging for the shoulder would recommend its need if there was physiological evidence of tissue insult on examination, i.e., weakness from rotator cuff tearing or mechanical findings. Without documentation of significant change in claimant's examinations, there would be no indication for further imaging in this individual. Therefore the MR Arthrogram is not medically necessary.

**Motrin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 OF 127.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support the chronic use of non-steroidal agents. This individual is with a diagnosis of shoulder impingement with treatment dating back six years. Guidelines recommend the role of non-steroidal agents in the lowest dose and for the shortest period of time possible. Given the claimant's time frame from injury and no acute clinical findings on examination, the need for continued use of Motrin on a prescription basis would not be supported. Therefore the Motrin 800mg is not medically necessary.