

<b>Case Number:</b>	CM13-0055629		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/13/2013
<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:

he claimant, a 62-year-old gentleman, sustained multiple orthopedic injuries to the right shoulder on 06/29/98 in a work accident. The medical records for review documented a history of a right shoulder arthroscopy, SLAP repair/rotator cuff repair and subacromial decompression on October 31, 2011. Due to increased post-operative complaints a post-operative arthrogram was performed of the shoulder on 02/01/12 that showed tendinosis with moderate AC joint changes, biceps tendonitis and mild fraying of the labrum but no evidence of re-tearing. The clinical assessment on October 30, 2013 noted continued complaints of pain in the right shoulder and low back. Examination showed an antalgic gait pattern with positive impingement signs but there was no documentation of weakness or functional deficit. Treatment plan for the diagnosis of "acromioclavicular joint dislocation" was for an updated MRI scan to assess shoulder pathology.

### 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): 196.

**Decision rationale:** The Shoulder Complaints ACOEM Guidelines do not recommend an MRI of the right shoulder for this claimant. This individual is already status post rotator cuff and labral repair with post-operative imaging having already been performed. While recent clinical examination showed findings consistent with inflammatory or impingement symptoms, there is no documentation of instability, motor weakness or functional deficit to indicate an acute process in the shoulder that would necessitate further imaging. The specific request in this case is not medically necessary and appropriate.