

<b>Case Number:</b>	CM13-0071088		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/19/2009
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Practice 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 54-year-old male claimant who sustained a work injury on March 19, 2009 involving the low back and the right shoulder. He was diagnosed with osteoarthritis of the right shoulder and lumbar spine as well as polymyalgia. A progress note on January 16, 2014 indicated the claimant had persistent right shoulder and lumbar pain. Exam findings showed reduced range of motion in the right shoulder with impingement findings. The treating physician requests an MRI of the right shoulder in order to determine the cause of pain. An MRI on March 20, 2014 of the right shoulder showed a widening of the acromioclavicular joint and a posterior labral tear that was non-displaced. The lumbar spine showed multiple levels of this desiccation and disc bulging. A progress note on April 10, 2014 indicated there was still persistent right shoulder pain. Request this time was made to see a neurosurgeon for lumbar pain. In this case there was an MRI performed that defined and delineated the source of pain in the lumbar spine. There were no limitations in range of motion or any abnormal findings to indicate need for lumbar surgery. The request for a neurosurgical consultation is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI of the shoulder is not medically necessary.

**Neurosurgeon specialist consultation for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Specialist Referral Chapter 7, page 127

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case there was an MRI performed that defined and delineated the source of pain in the lumbar spine. There were no limitations in range of motion or any abnormal findings to indicate need for lumbar surgery. The request for a neurosurgical consultation is not medically necessary.