

<b>Case Number:</b>	CM14-0003337		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine 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:

There were 52 pages provided for this review. The request was for an MRI of the right shoulder. The application for independent medical review was signed on January 8, 2014. The MRI for the right shoulder would be a repeat study. Per the records provided, the claimant was described as a 61-year-old man who was injured on February 8, 2012. There was a right shoulder injury. He underwent a right shoulder arthroscopic subacromial decompression on May 16, 2013. The submitted diagnosis for this request was right shoulder pain. As of December 18, 2013, several months post surgery, there was ongoing right shoulder pain and restricted movement in both shoulders and increased pain with lifting in the right shoulder. The exam showed crepitus, tenderness at the superior aspect, pain with flexion and abduction and positive Neer and Hawkins signs. There was no mention of strength of the rotator cuff. The impression was a right shoulder impingement with subacromial bursitis and tendinopathy, arthritis, supraspinatus tendinosis and tendinosis of the scope subscapularis tendon. There were degenerative changes in the labrum and a small tear in the posterior horn and tear of the long head with the biceps tendon as of an MRI was done on March 30, 2012. This MRI of the right shoulder would be to evaluate the success after surgery. The claimant remains painful and week after 24 sessions of physical therapy. There is no documentation that the shoulder findings are a significant change since the right shoulder arthroscopy decompression or the date of injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR THE RIGHT SHOULDER (REPEAT):** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, under MRI.

**Decision rationale:** The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is noted the claimant was born in 1952, and is over 40. There are clear orthopedic signs suspicious for internal derangement, including Neer and Hawkins, several months post the corrective surgery. This alone is an adverse trend. There has been a lack of progress after a full complement of post surgery rehabilitation therapy. I would opine that the criteria for a repeat MRI are met on this basis. The request is medically appropriate and necessary.