

<b>Case Number:</b>	CM14-0102248		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old with an injury date on 9/8/06. Patient complains of continuing bilateral shoulder pain, right > left, aggravated by almost any activities/movements per 5/22/14 report. Patient had four surgeries on right shoulder, with an ulnar nerve compression and a carpal tunnel release per 5/22/14 report. Based on the 4/29/14 progress report provided by [REDACTED] the diagnoses are right shoulder neuropathic pain, right shoulder AC joint dysfunction, and right biceps tendonitis. Exam on 5/22/14 showed right shoulder had pain with any palpation. Extreme pain behavior when tried to move shoulder, but patient did not feel like there was a mechanical stop of limitation. Neurovascular function grossly intact. The 1/30/14 report showed 50% decrease in right shoulder range of motion and 3/5 strength in upper extremities. [REDACTED] is requesting magnetic resonance imaging right shoulder. The utilization review determination being challenged is dated 6/14/14 and denies request due to lack of documentation that patient has exhausted other interventions. [REDACTED] is the requesting provider, and he provided treatment reports from 1/30/14 to 5/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter: Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation ODG

**Decision rationale:** This patient presents with bilateral shoulder pain, right greater than left and is multiple bilateral shoulder surgeries and left long finger DIP amputation. The physician has asked for magnetic resonance imaging right shoulder on 5/22/14. Patient had a right shoulder MRI on 4/11/12, which stated "rule out subscapularis partial tear." ODG guidelines state that repeat MRI's are indicated for significant change in symptoms or clinical presentation. According to a review of the records, it appears this patient's symptoms have not changed significantly since the MRI from 2 years prior. There is no evidence of weakness, new injury, or change in pain location. The requested repeat set of right shoulder MRIs are not indicated at this time. As such, the request is not medically necessary.