

<b>Case Number:</b>	CM14-0102399		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/17/2014
<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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier shoulder MRI imaging of July 3, 2013, reportedly notable for partial tearing and tendinopathy of the supraspinatus tendons and infraspinatus tendons, per the claims administrator; and topical compounds. In a Utilization Review Report dated June 16, 2014, the claims administrator denied a request for a repeat shoulder MRI, invoking non-MTUS ODG guidelines despite the fact the MTUS addressed the topic. The claims administrator stated that he was basing his denial on a June 24, 2013 handwritten progress note. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 13, 2013, difficult to follow, not entirely legible, the applicant was given prescriptions for tramadol, omeprazole, and 12 sessions of physical therapy and placed off of work, on total temporary disability. On July 22, 2013, several topical compounded topical drugs were endorsed. The shoulder MRI of July 3, 2013 was reviewed and notable for partial thickness tearing of the supraspinatus and infraspinatus tendons with mild bursitis also appreciated. In a handwritten progress note dated January 6, 2014, the applicant was placed off of work, on total temporary disability. Several topical compounded drugs were endorsed, along with oral cyclobenzaprine and omeprazole. It was stated that the applicant was unchanged and that right shoulder was still a pain generator. The applicant underwent a carpal tunnel release surgery on December 7, 2013. On March 31, 2014, the applicant was again placed off of work. Additional physical therapy was endorsed, along with prescriptions for gabapentin and cyclobenzaprine. On May 7, 2014, the applicant was again placed off of work, on total temporary disability, while butalbital, cyclobenzaprine, omeprazole, aquatic therapy,

acupuncture, and manipulative therapy were sought. This note, as with the many other notes, employed preprinted checkboxes and furnished little or no narrative commentary.

### **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 (Repeat):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in eorker's Comp, 18th Edition, 2013: Shoulder: Magnetic resonance imaging (MRI); Indications for imaging -- Magnetic resonance imaging (MRI)

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI or arthrography of the shoulder without surgical indication is "not recommended." In this case, the attending provider's handwritten progress notes were difficult to follow, not entirely legible, and did not make a compelling case for the shoulder MRI in question. The attending provider did not explicitly state or insinuate that the applicant would act on the results of the repeat shoulder MRI imaging in question and/or pursue a surgical remedy based on the outcome of the same. Rather, it appeared that the applicant was intent on maximizing nonoperative treatments, such as medications, topical compounds, manipulation, acupuncture, etc. Therefore, the request for a repeat shoulder MRI is not medically necessary.