

<b>Case Number:</b>	CM14-0106551		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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:

The claimant is a 57-year-old female who sustained a vocational injury on June 12, 2012. The medical records provide for review document that the claimant subsequently underwent right shoulder rotator cuff repair and subacromial decompression on January 13, 2014. The X-rays and an office visit on May 21, 2014 noted that the rotator cuff repair anchor was in acceptable position, but there were some indications of edge contact. The records document that the claimant has undergone extensive postoperative physical therapy and had a postoperative shoulder injection. The office note dated June 18, 2014 noted that the claimant was status right shoulder rotator cuff repair and subacromial decompression and was also diagnosed with lateral epicondylitis. At that time her pain was described as low. The physical examination revealed shoulder range of motion was 150 degrees of forward flexion, 150 degrees of abduction, 80 degree of abduction, 10 degrees of external rotation, 10 degrees of internal rotation, 20 degrees of external rotation, internal rotation to the sacrum, rotator cuff testing was negative and strength was noted to be 5/5. This review is for a magnetic resonance imaging (MRI) to document tendon healing prior to consideration for manipulation under anesthesia.

### 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 Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter, Magnetic Resonance Imaging (MRI)

**Decision rationale:** The California ACOEM Guidelines and the Official Disability Guidelines do not support that routine postoperative MRI's are necessary prior to considering manipulation under anesthesia. The claimant is greater than eight months status postsurgical intervention and has made progress in regards to active and passive range of motion in postoperative physical therapy. There is negative rotator cuff testing tests. There is a lack of subjective complaints or abnormal physical exam objective findings suggesting there is compromise of the rotator cuff repair or tissue. Given the fact the claimant is greater than eight months from the surgical intervention, continues to make appropriate progress with formal physical therapy and a home exercise program and based on the fact that California ACOEM and Official Disability Guidelines fail to recognize the benefit of an MRI prior to considering manipulation under anesthesia of the shoulder as medically necessary, the request for an MRI of the right shoulder cannot be considered medically reasonable.