

<b>Case Number:</b>	CM14-0016676		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and Pain Management, 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:

This case involves a 59 year-old female who was injured on 6/16/2005. The IMR application lists the diagnoses as tear in the medial cartilage or meniscus of the knee; and notes a dispute with the 1/31/14 Utilization Review (UR) decision on an open MRI of the right shoulder. The 1/31/14 UR letter is from [REDACTED] and notes additional diagnoses with brachial neuritis; complete rupture of rotator cuff; displacement of cervical and lumbar discs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OPEN MRI RIGHT SHOULDER WITHOUT CONTRAST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** According to the 1/15/14 neurology note from [REDACTED], the patient had right shoulder pain and loss of motion and rotator cuff tear was suspected. The MRI was requested at an open facility as the patient was noted to be very claustrophobic. The records provided for this IMR did not include any prior MRI reports for the shoulder and there is no

evidence that the patient has had prior MRIs of the shoulder. The diagnosis includes full thickness rotator cuff tear. This is potentially a surgical condition. MTUS/ACOEM states the primary criteria for ordering imaging studies for the shoulder include: "Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" The request for the shoulder MRI appears to be in accordance with MTUS/ACOEM guidelines.