

<b>Case Number:</b>	CM14-0018834		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Texas. 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 injured worker is a 39 year old male who reported an injury to his right shoulder. No information was submitted regarding the initial injury. However, the injured worker underwent a rotator cuff debridement with synovectomy and bursectomy on 01/05/12. A clinical note dated 02/06/13 indicated the injured worker complaining of increased right shoulder pain. The injured worker was utilizing an arm sling. The injured worker was recommended to discontinue the use of the sling and instead focus on home exercise program. The injured worker utilized ibuprofen at this time. Upon exam the injured worker demonstrated 120 degrees of right shoulder flexion, 100 degrees of abduction, and 20 degrees of both internal and external rotation. A clinical note dated 01/21/14 indicated the injured worker undergoing injection and physical therapy addressing right shoulder complaints. The injured worker was identified as complaining of left shoulder pain. The injured worker continued with range of motion deficits including 110 degrees of flexion and 85 degrees of abduction. The injured worker also demonstrated positive O'Brien sign. Surgical portals were identified as being well healed. A clinical note dated 02/12/14 indicated the injured worker completing 24 physical therapy sessions addressing the right shoulder complaints. The injured worker continued with right shoulder range of motion. Final Determination Letter for IMR Case Number [REDACTED] 3 deficits. A clinical note dated 03/12/14 indicated the injured worker continuing with bilateral shoulder pain, right greater than left. The injured worker was being recommended for MRI arthrogram of the right shoulder. Previous utilization review dated 02/10/14 resulted in a denial for MRI arthrogram of the right shoulder as no new events or injury had been documented following the previous surgical procedure. No recent completion of conservative treatments had been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER MRI WITH INTRA ARTICULAR CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The request for right shoulder MRI with intra articular contrast is not medically necessary. The clinical documentation indicates the injured worker undergoing two previous surgical procedures at the left at the right shoulder. Imaging studies would be indicated for the shoulder provided that the injured worker meets specific criteria, including being recommended for surgical intervention and completion of all conservative treatment. There is an indication the injured worker is being recommended for left shoulder surgery, however; however, it appears the injured worker is requesting to delay that surgery. No information was submitted regarding request related to a potential right shoulder surgery or recent completion of any conservative treatment addressing right shoulder complaints. Therefore, this request is not indicated as medically necessary.