

<b>Case Number:</b>	CM14-0117656		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/05/1989
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 injured worker is a 61 year old male with a date of injury on 9/5/1989. He is currently disabled due to pain, and is under a pain management program. Provided diagnoses include degenerative disc disease, low back pain, right shoulder pain and muscle spasm. Current medications include Lyrica, Pristiq, Actiq, Lidocaine ointment, Prevacid, Duragesic patch, Zanaflex, Lunesta and Seroquel. On May 6, 2014, the treating physician submitted a request for an updated magnetic resonance imaging (MRI) of the right shoulder, due to a complaint of pain. Exam findings are limited to reduced range of motion and crepitation. A magnetic resonance imaging (MRI) was taken in the past, the results of which are not available for review. There is no documentation of a change of symptoms or severity of pain relating to the right shoulder, or of an injury subsequent to the remote magnetic resonance imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (ODG-TWC) Chapter: Shoulder: Magnetic Resonance Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

**Decision rationale:** Regarding the request, magnetic resonance imaging (MRI) of the right shoulder, guidelines note that no tests are indicated for shoulder impingement with symptoms of night pain in shoulder joint or non-radiating pain in deltoid area or signs of positive impingement or positive modified impingement. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. In this case, the injured worker continues to have pain in the right shoulder with limited positive clinical findings on exam. However, there is no indication that the injured worker has failed to respond with conservative care to warrant the request. Moreover, there is limited evidence of positive provocative tests indicative of impingement syndrome that necessitates magnetic resonance imaging (MRI) of right shoulder. There are no red flags nor is there documentation of a change of symptoms or severity of pain relating to the right shoulder, or of an injury subsequent to the remote magnetic resonance imaging (MRI). Repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Thus, medical necessity for the proposed magnetic resonance imaging (MRI) is not established. Therefore, this request is not medically necessary.