

<b>Case Number:</b>	CM14-0134501		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Practice, and is licensed to practice in Ohio. 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 has been experiencing pain to the right wrist and elbow primarily but also the right shoulder for a number of years. She had a cortisone injection to the right shoulder May 13 of 2014 with good relief however she re-experienced shoulder pain as of her visit August 6, 2014. Her physical exam at that time showed the right shoulder to have forward flexion of 170, abduction 150, external rotation 70 and internal rotation of 30. She had no impingement signs but a positive adduction sign. She has had physical therapy of the right upper extremity previously but that had been for the elbow and wrist. Physical therapy notes from April 2014 revealed normal range of motion with regard to both shoulders. The plan as of the most recent office note was for a repeat cortisone injection of the right shoulder and to obtain a right shoulder MRI scan to determine rotator cuff integrity as this has been a long time problem with recurring flareups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): SPECIAL STUDIES AND DIAGNOSTIC TREATMENT CONSIDERATIONS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT FOR WORKERS' COMPENSATION GUIDELINES CHAPTER SHOULDER (ACUTE & CHRONIC) UPDATED 7/29/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 208>.

**Decision rationale:** Primary criteria for ordering imaging studies of the shoulder such as an MRI scan are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In this instance, there is no indication from the treating physician that a full thickness rotator cuff tear is suspected nor is there evidence of red flag conditions, neurovascular dysfunction, or that a trial of conservative strengthening the of physical therapy has been tried. Therefore, MRI of the right shoulder is medically unnecessary at this time.