

<b>Case Number:</b>	CM14-0152336		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 48-year-old female who has submitted a claim for disorders of bursae and tendons in shoulder region associated with an industrial injury date of March 22, 2011. Medical records from 2014 were reviewed. The patient complained of right shoulder pain. She has received physical therapy treatments; however no overall improvement was noted. Previous MRI of the right shoulder from 2011 showed impingement with cuff tendonitis and a downsloping acromion. Examination of the right shoulder showed pain over the bicipital groove. The diagnoses were right shoulder biceps tendonitis with potentially some synovitis and impingement, and AC joint arthritis. Treatment plan includes a request for repeat MRI of the right shoulder to evaluate the biceps and rotator cuff. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, home exercises and steroid injections to the shoulder. Utilization review from August 27, 2014 denied the request for MRI right shoulder. The reason for denial was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** 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): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI.

**Decision rationale:** Pages 208-209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The ODG recommends shoulder MRI for: acute shoulder trauma, suspect rotator cuff tear/impingement, over age 40, normal plain radiographs; and subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there were no evidences of red flags or worsening of symptoms that warrant imaging studies. There was also no objective evidence of failure to progress in a strengthening program. The guideline does not recommend repeat shoulder MRI without objective evidence of significant shoulder pathology. The medical necessity has not been established. There was no compelling indication for imaging of the right shoulder at this time. Therefore, the request for MRI right shoulder is not medically necessary.