

<b>Case Number:</b>	CM14-0159992		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 32-year-old female who reported injury on 10/03/2012. The mechanism of injury was not provided. The injured worker's diagnoses included status post right shoulder labral debridement and subacromial decompression. The injured worker's past treatments included medications, surgery, and physical therapy. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included right shoulder labral debridement and subacromial decompression on unknown date. On the clinical note dated 09/02/2014, the injured worker complained of right shoulder pain. The injured worker had range of motion to the right shoulder with abduction at 100 degrees. The injured worker's medications included Zoloft, dosage and frequency not provided. The request was for MRI of the right shoulder. The rationale for the request was not provided. The Request for Authorization form was submitted on 12/12/2013.

### 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. Decision based on Non-MTUS Citation ODG Shoulder

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

**Decision rationale:** The request for MRI right shoulder is not medically necessary. The injured worker is diagnosed with status post right shoulder labral debridement and subacromial decompression. The injured worker complains of right shoulder pain with abduction to 100 degrees. The California MTUS Guidelines recommend MRI when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. For most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. The injured worker was noted to have completed 3 out of 8 PT sessions for her right shoulder. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation of significant findings of neurologic deficit upon physical examination to warrant an MRI to the right shoulder. As such, the request for MRI of the right shoulder is not medically necessary.