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| <b>Case Number:</b>   | CM14-0160553 |                              |            |
| <b>Date Assigned:</b> | 10/20/2014   | <b>Date of Injury:</b>       | 10/12/2007 |
| <b>Decision Date:</b> | 11/20/2014   | <b>UR Denial Date:</b>       | 09/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 10/12/07 date of injury. At the time (9/8/14) of the request for authorization for MRI of right shoulder, there is documentation of subjective (ongoing right shoulder pain into neck) and objective (decreased right shoulder range of motion with popping, impingement test positive, spasm positive, and decreased right C7 sensation) findings, current diagnoses (status post right shoulder arthroscopy with open repair, thoracic sprain/strain with radicular features, pain syndrome with both psychiatric and medical condition), and treatment to date (medications). Medical report identifies a request for repeat MRI of right shoulder to rule out recurrent tear. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Shoulder Chapter, Magnetic resonance imaging (MRI) Other Medical Treatment Guidelines:  
Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical  
Imaging

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of post right shoulder arthroscopy with open repair. However, despite documentation of subjective (ongoing right shoulder pain into neck) and objective (decreased right shoulder range of motion with popping, impingement test positive, spasm positive, and decreased right C7 sensation) findings, and a request for repeat MRI of right shoulder to rule out recurrent tear, there is no (clear) documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of Right Shoulder is not medically necessary.