

<b>Case Number:</b>	CM14-0164524		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/01/2005
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Orthopedic Surgeon and is licensed to practice in Texas. 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 71 year old male who reported an injury on 01/01/2005. The mechanism of injury was a slip and fall. His diagnoses were noted to include right shoulder tendinosis and right shoulder bursitis and impingement. His past treatments were noted to include chiropractic visits, medication, a home exercise program, cryotherapy, and 2 right shoulder injections. His diagnostic studies were noted to include an MRI of the right shoulder on 02/07/2012, which revealed moderate rotator cuff tendinosis with partial undersurface tear, supraspinatus tendon without definite full-thickness tear or retraction, superior labral tear from anterior to posterior lesion seen extending to but not avulsing the biceps anchor and is associated with biceps tendinitis/partial longitudinal tear, subscapularis tendinitis and partial tear and biceps tenosynovitis and an X-ray of the right shoulder, which revealed no acute abnormality and degenerative changes of the shoulder. During the assessment performed on 09/09/2014, the injured worker complained of pain in the right shoulder. The injured worker reported the pain in the right shoulder was unchanged since the prior visit on 08/26/2014. The pain remained constant, and of an aching and throbbing quality with radiation down to the right elbow. He rated the pain 6/10. The injured worker's right shoulder increased when raising his arm above his head or lying on his right side. He reported 9/10 pain during activities of daily living such as showering. The physical examination revealed full range of motion, no swelling, deformity or effusion. His motor strength was 4/5 with a positive Hawkin's and a positive O'Brien's test. The medication list was not provided. The rationale for the MRI of the right shoulder was to rule out right shoulder rotator cuff tear. The Request for Authorization form was not submitted for review.

### 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance imaging (MRI)

**Decision rationale:** During the assessment dated 09/09/2014, the injured worker complained of pain in the right shoulder. The injured worker stated the pain in the right shoulder was unchanged since the prior visit dated 08/26/2014. The physical examination revealed full range of motion, no swelling, deformity or effusion. His motor strength of 4/5 with a positive Hawkin's, indicating shoulder impingement and a positive O'Brien's test, indicating a superior labral tear from anterior to posterior, remained unchanged since the last visit as well. The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The rationale for the repeat MRI was to rule out a right shoulder rotator cuff tear. The requesting physician's rationale for the request is not indicated within the provided documentation. Upon examination, there was no change in the injured worker's symptoms. There was a lack of documentation indicating the injured worker had findings indicative of pathology to the shoulder including weakness, decreased range of motion, tenderness, and positive provocative testing. Given the above, the request for an MRI of the Right Shoulder is not medically necessary.