

<b>Case Number:</b>	CM14-0169544		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/09/1993
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED], who has filed a claim for chronic neck pain, hip pain, low back pain, and shoulder pain reportedly associated with an industrial injury of November 9, 1993. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar fusion surgery; earlier cervical fusion surgery; earlier left shoulder surgery; and extensive periods of time off of work. In Utilization Review Report dated September 25, 2014, the claims administrator failed to approve a request for an MR arthrogram of the injured shoulder. The applicant's attorney subsequently appealed. In a September 17, 2014, progress note, the reported ongoing complaints of knee, shoulder, low back and neck pain. The applicant had reportedly ceased smoking, it was acknowledged. Limited left shoulder range of motion with associated tenderness to touch was appreciated. An MR arthrogram of the shoulder was sought owing to the applicant's progressively worsening left shoulder pain and stiffness with earlier shoulder surgery. The applicant was kept off of work, on total temporary disability. The applicant's stated diagnosis involving the shoulder was impingement syndrome status post left shoulder arthroscopy. On July 23, 2014, the applicant was again placed off of work, on total temporary disability owing to multifocal pain complaints. On August 28, 2014, the applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthogram Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Section Shoulder (Acute & Chronic) (updated 08/27/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 208.

**Decision rationale:** The diagnosis stated by the attending provider is that of impingement syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-2, table 202, no specific diagnostic testing is indicated for impingement syndrome, the diagnosis reportedly present here: "None indicated". ACOEM, Chapter 9, page 208 further notes that primary criteria for ordering imaging studies such as MR arthrogram at issue includes clarification of anatomy prior to an invasive procedure. In this case, however, there was no explicit statement (or implicit expectation) that the applicant would act on the results of the proposed MR arthrogram and/or consider further shoulder surgery were it offered to her. The multifocal nature of the applicant's complaints, which included the neck, shoulder, low back, hand, etc., taken together, suggested that there was no clear expectation on part of either the applicant or the attending provider that further shoulder surgery was being considered or contemplated here. Therefore, the request is not medically necessary.