

<b>Case Number:</b>	CM14-0175202		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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; has a subspecialty in Interventional spine 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 50-year-old male with an injury date of 09/03/13. Based on the 10/15/14 progress report provided by [REDACTED], the patient is status post right shoulder surgery 04/16/14, and complains of right shoulder pain. Physical examination to the right shoulder revealed tenderness to palpation. Patient had ultrasound therapy which relaxed muscle and provided mild symptom relief. He continues with TENS and home exercise program. Based on the 04/08/14 progress report prior to right shoulder surgery, "MRI demonstrated significant tear and tear supraspinatus retracted 1cm. No atrophy." X-ray showed evidence of impingement with type III acromion. Physical examination to the right shoulder on 09/23/14 revealed decreased range of motion, especially on forward flexion and abduction 135 degrees, when compared to the left shoulder 155 degrees. There is persisting residual pain with some adhesions or scar tissue suspected. Operative report 04/16/14: Preoperative diagnosis- right shoulder supraspinatus tear with chronic subacromial impingement Post operative diagnosis- right shoulder 2cm tear, crescent shape, supraspinatus, extending to the outer articular surface, humerus- chronic subacromial impingement with significant down sloping acromion- superior synovitis with fraying labrum, biceps anchor intact Procedure:- diagnostic arthroscopy, right shoulder- intra-articular debridement with partial synovectomy- subacromial decompression- arthroscopic repair, supraspinatus Diagnosis 10/15/14- right shoulder joint pain- shoulder injury- status post right shoulder surgery 04/16/14- depression-major not specified- sleep issue [REDACTED], is requesting MRI of the right shoulder. The utilization review determination being challenged is dated 10/16/14. The rationale is "lack of documentation showing patient has attended physical therapy following his surgical procedure..." [REDACTED] is requesting provider and he provided treatment reports from 04/16/14 - 10/15/14.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** The patient is status post right shoulder surgery 04/16/14, and presents with right shoulder joint pain. The request is for MRI of the right shoulder. Based on the 04/08/14 progress report prior to right shoulder surgery, patient had MRI which demonstrated significant tear and tear supraspinatus retracted 1cm. His postoperative diagnosis dated 04/16/14 included chronic subacromial impingement with significant down sloping acromion and superior synovitis with fraying labrum. Patient had ultrasound therapy, continues with TENS and home exercise program. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies: Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)." The treater does not mention any new injuries; examination does not show any new changes that are severe such as neurologic deterioration. The utilization review letter dated 10/16/14 denied the request based on "lack of documentation showing patient has attended physical therapy following his surgical procedure..." However, he has had conservative care and has persisting residual pain. Patient is status post right shoulder surgery and has not had an updated MRI since then therefore request is medically necessary.