

<b>Case Number:</b>	CM14-0179065		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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 injured worker (IW) is a 57-year-old woman with a date of injury of April 11, 2013. The IW was attempting to disperse students while 2 students were fighting. She ended up several feet away on the ground. Prior treatments have included use of interferential unit on the right shoulder, sling, and cold pack. The IW was also treated with myofascial release, supervised therapeutic exercises, and soft tissue mobilization of the right shoulder. The IW underwent right shoulder surgeries to include diagnostic arthroscopy, arthroscopic synovectomy involving the anterosuperior and posterosuperior capsule compartment, arthroscopic bursoscopy, arthroscopic resection of subacromial bursa, arthroscopic coracoacromial ligament resection, arthroscopic revision and subacromial decompression, and arthroscopic revision of rotator cuff repair on October 18, 2013. The IW had 8 remaining PT visits as of September 24, 2014. Pursuant to the progress note dated September 24, 2014, the IW complained of right shoulder pain. The right shoulder range of motion showed forward flexion of 1-170 degrees, and external rotation of 0-35 degrees. There was some weakness with abduction testing. The IW was diagnosed with tear of the medial cartridge or meniscus of knee, and sprains and strains of other specified sites of shoulder and upper arm. The provider recommended a new magnetic imaging resonance (MRI) of the right shoulder to evaluate that the tendon had healed. Prior MRIs of the right shoulder were not documented in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): MRI (Magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines the MRI of the right shoulder is not medically necessary. The guideline indications for magnetic resonance imaging are: acute shoulder trauma, suspect rotator cuff tear/impingement; over the age of 40; normal plane radiographs; subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or suggestive of significant pathology. In this case, the medical record was limited with 2 progress notes from the treating physicians. The documents were related to the operative note for knee surgery however there was no documentation supporting a change in shoulder condition, suspected pathology, instability, red flags or documentation to suspect a rotator cuff tear or new injury. Consequently, the MRI right shoulder is not medically necessary.