

<b>Case Number:</b>	CM14-0024568		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 is a 53-year-old female who sustained an industrial injury on January 20, 2011 to January 20, 2012. The patient has chronic shoulder pain, and MRI examination of the right shoulder on October 26, 2011 revealed spur formation of the acromioclavicular joint impinging on the supraspinatus muscle tendon junction near the rotator cuff. A superior glenoid labral tear was also noted. The patient underwent right shoulder arthroscopic surgery with subacromial decompression. A utilization review determination on February 12, 2014 had noncertified the request for a repeat MRI of the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI RIGHT SHOULDER WITH SEDATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The ACOEM Practice Guidelines 2nd Ed., Shoulder Complaints Chapter, pages 207-209 (as referenced by the California MTUS on page 4 of the Code of Regulations) state: Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more

specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. The primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). 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). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Furthermore, the Official Disability Guidelines specify that repeat MRI should be only indicated cases with a significant change in pathology. In the progress note associated with this request on January 30, 2014, the physical examination is limited to no change in physical examination. The previous physical examination on December 19, 2013 documents positive impingement signs with talking and nears signs. Right shoulder strength is documented as 4 out of 5. There is inadequate discussion of why the patient requires a repeat MRI of the shoulder. There is also no specific discussion of why sedation is necessary, and what type of sedation is requested.