

<b>Case Number:</b>	CM14-0024816		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/13/2014
<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 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 36 year old female with an injury date of 07/10/10. Based on the 01/28/14 progress report provided by [REDACTED], the patient complains of pain with full shoulder elevation bilaterally and pain with rotator cuff loading bilaterally. The patient is diagnosed with bilateral shoulder rotator cuff tendinosis with a partial thickness tear on the right-status post shoulder arthroscopy on the right. The patient had a previous MRI on 07/23/12 which revealed increased signal intensity at the supraspinatus attachment on the greater tuberosity. [REDACTED] is requesting for a repeat MRI of the right shoulder. The utilization review being challenged is dated 02/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/18/13- 06/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

**Decision rationale:** According to the 01/28/14 report by [REDACTED], the patient presents with pain with full shoulder elevation bilaterally and pain with rotator cuff loading bilaterally. The patient is diagnosed with bilateral shoulder rotator cuff tendinosis with a partial thickness tear on the right status post shoulder arthroscopy on the right. The request is for a repeat MRI of the right shoulder to rule out the possibility of the development of a rotator cuff tear in either shoulder. If one exists, surgery would be a consideration. ACOEM states that MRI's should be authorized if there is an emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction. However, ACOEM may apply to acute/subacute situations. For chronic pain, ODG guidelines support MRI of shoulder if internal derangements such as rotator cuff/labral tears are suspected. In this case, the patient's symptoms have persisted on a chronic basis despite surgery; conservative measures have failed. It does not appear that the patient has had an MRI following shoulder surgery. Therefore the request is medically necessary.