

<b>Case Number:</b>	CM14-0034167		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 and is licensed to practice in Alabama. 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 47 year old female who sustained a work related injury on 09/06/2011 while she was pushing a laundry bin that got away from her, jerking her right upper extremity. Prior treatment history has included NSAIDS, pain pills, muscle relaxants, and bracing. The patient underwent right carpal tunnel release on 06/03/2014 and right shoulder surgery in 09/2012. Diagnostic studies reviewed include x-ray of the right shoulder revealed resection of distal clavicle and type I acromion. CT arthrogram dated 11/02/2011 revealed postoperative changes of acromioplasty and there was no definite evidence of rotator cuff tear. Encounter note dated 02/04/2014 states the patient presented with right shoulder pain. Objective findings on exam revealed 5/5 strength in all muscle planes of the right shoulder. Range of motion of the right shoulder revealed abduction to 150; flexion to 150; internal rotation to 60 and external rotation to 40, which is decreased when compared to the left. She was able to put her hands behind her head and into the hip pocket position. Diagnosis is right shoulder impingement syndrome and the patient was recommended for a MRI of the right shoulder. Prior utilization review dated 02/18/2014 denies the request for right shoulder MRI due to lack of documented findings of initial on physical exam.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 558.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI, current online as of 10/2014

**Decision rationale:** The above ODG guidelines for shoulder MRI states "Indications for imaging - MRI: -Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs-Subacute shoulder pain, suspect instability/labral tear-Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" In this case, the request for shoulder MRI does not meet above guidelines. There is no documentation on note from 2/4/14 of acute shoulder trauma, nor is there documentation of normal plain radiographs, rather radiographs were ordered that same day. There is no mention of suspected instability or labral tear, and no documentation of significant change in symptoms or findings of significant pathology, rather the note reports 5/5 strength in bilateral upper extremities. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.