

<b>Case Number:</b>	CM14-0046384		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; earlier knee surgery; and adjuvant medications. In a Utilization Review Report dated October 24, 2013, the claims administrator denied a request for shoulder MRI imaging, citing non-MTUS 2008 ACOEM Guidelines which it incorrectly labeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a March 14, 2014 appeal letter, the attending provider noted that the applicant had persistent complaints of arm pain, degenerative arthritis of the knees, and a history of breast cancer. The applicant had initially alleged cumulative trauma, it was further noted. It was stated that that applicant had not worked. The applicant could only raise her right arm to 45 degrees secondary to pain, it was suggested. The attending provider stated that the applicant's markedly decreased shoulder range of motion warranted further investigation and that the need for surgery could not be determined without the MRI imaging at issue. The attending provider cited non-MTUS ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice guidelines, 2nd Edition, 2008, Shoulder Complaints pp. 561-563, Summary of Recommendations and Evidence, Table 9-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI is "recommended for evaluation of partial thickness or large full-thickness rotator cuff tears. In this case, the attending provider has posited that the applicant's presentation, including markedly limited shoulder range of motion, is suggestive of rotator cuff tear for which surgical intervention could be considered, the attending provider has posited. MRI imaging to delineate the extent of the same is indicated. Therefore, the request is medically necessary.