

<b>Case Number:</b>	CM14-0049496		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/17/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52-year-old with a date of injury on July 17, 2006. Diagnoses include bilateral shoulder rotator cuff syndrome status post-surgery, cervical disc herniation, and chronic thoracic strain. Right shoulder surgery was performed in 2006. Subjective complaints are of persistent neck, mid back, and bilateral shoulder pain. Pain is rated at 6/10. No new acute injury or exacerbation was mentioned in office notes. Physical exam shows bilateral shoulder decreased range of motion, worse on the right shoulder. There was positive Neer's and Hawkin's impingement signs bilaterally, and decreased strength with flexion and abduction in the right arm. Patient received a right shoulder steroid injection on January 8, 2014.

### 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 with contrast, as outpatient:** 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): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, MRI.

**Decision rationale:** The Shoulder Complaints Chapter of the ACOEM Practice Guidelines supports a shoulder MRI for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and /or findings suggestive of significant pathology. For this patient, shoulder pain has been persistent since at least 2006, and there is no documentation of new acute injury or significant progression of symptoms. Furthermore, a recent steroid injection was performed, and efficacy of this intervention was not documented. Therefore, the request for MRI of the right shoulder with contrast, as outpatient, is not medically necessary or appropriate.