

<b>Case Number:</b>	CM14-0052602		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 35-year-old female with a 1/9/12 date of injury, when she slipped and fell injuring her low back and right shoulder. The patient underwent right shoulder arthroscopic decompression and AC joint resection on 10/1/13. The patient was seen on 1/18/14 with complaints of pain and pinching in the right shoulder. The patient was seen on 9/9/13 with complaints of constant pain in the lower back and pain in the right shoulder and upper arm. The patient stated that she cannot raise her right hand above the shoulder level and had poor tolerance to prolonged sitting, standing and walking. Exam findings of the right shoulder revealed abduction 100 degrees, flexion 105 degrees. There was palpable tenderness at proximal biceps tendon. The diagnosis is lumbosacral sprain/strain with no evidence of radiculopathy, status post right shoulder repair (1/9/12) and residual tendonitis. MRI of the right shoulder dated 12/3/12 revealed full thickness tear supraspinatus without retraction, tendonitis of the subscapularis tendon and anterior superior labral tear. Treatment to date includes work restrictions, stretching exercises, mediations, TENS unit, and right shoulder surgery. An adverse determination was received on 4/4/14 given that there was a lack of documentation indicating recent plain film radiographs, recent conservative treatment and red flags, supporting the request for 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Chapter, MRI).

**Decision rationale:** The California MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient had shoulder MRI on 12/3/12. The progress notes dated 9/9/13 and 1/18/14 did not indicate any new objective findings indicating the need for another shoulder MRI. In addition, Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the recommendation for MRI of the right shoulder is not medically necessary.