

<b>Case Number:</b>	CM14-0056881		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas, New Mexico, and Nebraska. 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 who was injured on 07/07/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy, left shoulder injection, and home exercise program. She was also treated with medication management which included Relafen, Meloxicam, Naprosyn, Tramadol, Percocet, and Tylenol #3. She underwent arthroscopy of glenohumeral joint and subacromial space, glenohumeral synovectomy, extensive debridement of inferior surface rotator cuff tear, subacromial decompression on 12/14/2012. Progress report dated 03/14/2014 states the patient complained of pain bilateral shoulder pain, right greater than left. The patient reported pain is relieved with ice, Tylenol and Tramadol. On exam, the symptoms interfere with work and with reaching above shoulder level. The patient has positive impingement of right shoulder. She is diagnosed with bilateral rotator tendonitis and possible right shoulder impingement. She was recommended to have a right shoulder MRI. On note dated 04/08/2014, the patient's symptoms are unchanged. It is noted that surgery is recommended for this patient regarding her bilateral shoulder impingement, rating her pain on the left a 2/10 and on the right 4/10; however, response is required for authorization for MRI of the right shoulder as the patient has had MRI of the left shoulder on 02/22/2014, in order to proceed with the surgery. Prior utilization review dated 04/11/2014 states the request for MRI right shoulder Quantity: 1 is not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder Qty: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <Shoulder >, <MRI>.

**Decision rationale:** The patient underwent a previous right shoulder arthroscopy with subacromial decompression and debridement of partial rotator cuff tear. She had good relief with that surgery per the notes. She developed recurrent symptoms, however, and had exam findings consistent with impingement and rotator cuff pathology. Given that the patient had a partial tear noted on previous arthroscopy, it is very reasonable to obtain repeat MRI to evaluate for extension/propagation of tear. The ODG supports use of MRI in shoulder trauma where rotator cuff pathology is suspected and/or there is a significant change in symptoms. Therefore, the request for MRI is medically necessary.