

<b>Case Number:</b>	CM14-0069698		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 injured worker has a history of a work injury occurring on 02/24/09 when he developed numbness and tingling while performing repetitive hand motion. He underwent multiple surgeries for his shoulder and had a cervical spine fusion. He has undergone bilateral carpal tunnel releases in 2012. He is also being treated for DeQuervain's tenosynovitis and a trigger finger. He was seen on 10/03/13. He had recently undergone repeat cervical spine surgery. He was having right hand and right shoulder pain rated at 7-8/10. He was having difficulty sleeping. Physical examination findings included positive Tinel's, Phalen's, reverse Phalen's, and Finkelstein testing. He had right shoulder swelling and erythema over the acromioclavicular joint with positive impingement testing. He had decreased shoulder range of motion with popping and catching. An MRI arthrogram was reviewed and had shown a possible labral tear. He was continued at total disability. An x-ray of the right shoulder on 03/17/14 included findings of a greater tuberosity cyst. On 04/18/14 he had right arm and hand pain rated at 8-9/10. Pain was radiating into his right hand. Physical examination findings included popping and catching with shoulder range of motion. On 08/21/14 he was having ongoing symptoms. Physical examination findings were unchanged and authorization for surgery was requested.

### 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): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Shoulder Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Magnetic Resonance Imaging (MRI)

**Decision rationale:** The injured worker is more than 5 years status post work-related injury and continues to be treated for chronic right shoulder pain. He has undergone multiple shoulder surgeries and further surgery is being recommended. Testing has included x-rays and an MR arthrogram. Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. 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 injured worker has already had an MR arthrogram; therefore, this request is not medically necessary.