

<b>Case Number:</b>	CM14-0074672		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 70-year-old female was reportedly injured on October 31, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated decreased range of motion of both the right and left shoulder with pain at 70 degrees of abduction. There was tenderness at the right shoulder at the steroid injection site. Diagnostic imaging studies of the right shoulder revealed a rotator cuff tear and glenohumeral joint arthritis. Previous treatment includes right shoulder steroid injections, a right-sided rotator cuff repair, and biceps tendon release. A request had been made for a left shoulder MRI without contrast and eight visits of physical therapy for the right shoulder and was non-certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder magnetic resonance imaging without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging, Updated August 27, 2014

**Decision rationale:** The injured employee has previously had an MRI of the right shoulder on November 21, 2013 and has since had right shoulder surgery. There is not stated to be a problem progressing with postoperative care and physical therapy after the surgery. Additionally the rotator cuff tears still suspected subtotal tears that are full thickness are stated to be best image by MR arthrography. For these reasons, this request for an MRI the right shoulder is not medically necessary.

**Eight visits of Physical Therapy for the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends 40 visits of postoperative physical therapy for a rotator cuff repair. A review of the attached medical records indicates that the injured employee is participating in physical therapy but it is unknown how many sessions have been completed or the efficacy of these sessions. Without additional information, this request for eight visits of physical therapy for the right shoulder is not medically necessary.