

<b>Case Number:</b>	CM14-0085456		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 is a 62 year old female with a reported date of injury on 11/12/2012. The mechanism of injury was a fall. The diagnoses were right shoulder pain. The past treatments included pain medication, physical therapy and surgery. There were no diagnostics submitted for review. The surgical history included right shoulder arthroscopy performed on 10/28/2013. On 04/28/2014, the subjective complaints were right shoulder pain. The injured worker describes her shoulder pain was overall better than prior to surgery. The physical examination revealed decreased range of motion to the right shoulder and pain with Hawkins and Neer exams. The medications included Motrin. The plan is to order an MRI of the right shoulder. The rationale was to evaluate the progression of rotator cuff tear. The request for authorization form was dated 04/29/2014.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for MRI right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines state that routine testing and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag is noted on history or examination. The primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The injured worker has chronic right shoulder pain and is status post right shoulder arthroscopy performed on 10/28/2013. The notes indicate since the surgery, her shoulder pain was overall better than prior to the surgery. However, there was no evidence documented in the notes of red flags, physical examination findings suggestive of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or a plan for an invasive procedure. Therefore, the criteria for an imaging study has not been met. As such, the request is not medically necessary.