

<b>Case Number:</b>	CM14-0109257		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 61-year-old male with an industrial injury dated 10/21/2010. The injured worker presented on 06/25/2014 with complaints of swollen right shoulder with pain, lower back pain that travels to right lower extremity. Right hand grip on right side was decreased with decreased range of motion to right shoulder. Treatments include medications and diagnostics. Diagnosis was severe obstructive sleep apnea, post traumatic head syndrome, cervical spine, lumbar spine radiculopathy and bilateral carpal tunnel syndrome. On 07/08/2014 MRI of the right shoulder was non-certified by utilization review. MTUS and ODG were cited.

### 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): 208, 209. Decision based on Non-MTUS Citation Official disability Guidelines-Treatment in Worker's Compensation, online edition, Chapter: shoulder (updated 04/18/2012), Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

**Decision rationale:** The MTUS Guidelines support the use of MRI imaging when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain, among other issues. These records reported the worker had surgery to repair a right shoulder tendon on 09/12/2011. There was no discussion suggesting a new condition such as those listed above, detailing reasons the MRI should be repeated, suggesting the worker was a candidate for more surgery, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the right shoulder is not medically necessary.