

<b>Case Number:</b>	CM14-0194739		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Interventional Spine 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 patient is a 66 year old female with an injury date on 02/03/2011. Based on the 10/15/2014 progress report provided by the treating physician, the diagnosis is: 1. Rotator cuff tear, right shoulder and continued pain. According to this report, the patient complains of "right shoulder pain and MRI evidence from 2013 showing a rotator cuff tear." Exam findings of the right shoulder shows limited range of motion; 150 degrees as compared to 170 on the left side. Motor strength is diminished; 4 -4+/5 on the right and 5/5 on the left. The 09/10/2014 report indicates patient's pain is aggravated with repetitive overhead and forward reaching with the right arm. Neer and Hawkins tests are positive. The MRI report of the shoulder in 2013 was not included in the file for review. The patient has been treated conservatively with cortisone injections, physical therapy, and acupuncture. Patient "works as a hair stylist at Super Cuts and is working full-time." There were no other significant findings noted on this report. The utilization review denied the request for Right Shoulder MRI W/O Contrast on 10/31/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 09/10/2014 to 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder MRI W/O 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter: Magnetic resonance imaging (MRI).

**Decision rationale:** According to the 10/15/2014 requesting report, this patient presents with "right shoulder pain. The current request is for Right Shoulder MRI W/O Contrast "to reassess the joint as the shoulder continues to be problematic." Regarding MRI, the ODG guidelines state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."The UR denial letter states "there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings)." Review of the reports from 09/10/2014 to 11/19/2014, the treating physician did not document evidence of significant progression of symptoms or significant findings of pathology to warrant a repeat MRI and there are no red flags documented to support this request. Therefore, the current request is not medically necessary.