

<b>Case Number:</b>	CM14-0196974		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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 represented employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 14, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier shoulder corticosteroid injection therapy; and apparent return to work at one point in time. In a Utilization Review Report dated November 6, 2014, the claims administrator denied the request for shoulder MRI imaging. The shoulder MRI at issue was performed on December 1, 2014, despite the unfavorable Utilization Review determination, was notable for severe subacromial-subdeltoid bursitis with multi-tendon tendinosis and no evidence of a frank labral tear. Minimal tearing of the subscapularis fibers was noted. In a progress note dated December 12, 2014, the injured worker reported ongoing complaints of shoulder pain including painful range of motion that noted with abduction to 165 degrees. The injured worker was asked to pursue shoulder surgery. The injured worker was reportedly performing regular duty work to the day of this office visit. The injured worker was asked to schedule surgical intervention with a shoulder surgeon. On November 21, 2014, the injured worker reported ongoing complaints of shoulder pain with continued to report clicking and locking about the shoulder. The injured worker was nevertheless working regular duty despite ongoing complaints of shoulder pain. 165 degrees of shoulder abduction was appreciated. MRI imaging of the shoulder was sought to search for tendinosis versus acromioclavicular joint degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In this case, the requesting provider suggested that the injured worker was/is actively considering or contemplating surgical intervention involving the shoulder. The injured worker continues to report issues with painful locking and clicking about the injured shoulder with slightly limited shoulder range of motion appreciated about the same. MRI imaging was ultimately performed and did demonstrate evidence of severe subacromial bursitis with a partial thickness subscapularis tendon tear. The attending provider felt the tear was significant enough to warrant surgical intervention/surgical consultation. MRI imaging was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.