

<b>Case Number:</b>	CM14-0207105		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 (IW) is a 36-year-old man with a date of injury of May 6, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post right shoulder arthroscopy with coracoacromial ligament release, synovectomy, subacromial decompression, acromioplasty, and glenohumeral debridement; and impingement syndrome, left shoulder, with labral tear with paralabral cysts. Pursuant to the progress reports dated September 30, 2014, the IW has noted a gradual increase in his right shoulder pain. His left shoulder pain is still present. Physical examination of the right shoulder reveals abduction is 180 degrees, flexion is 180 degrees, external rotation is 90 degrees, internal rotation is 80 degrees, extension is 50 degrees, and adduction is 40 degrees. There is tenderness to palpation of the anterior and lateral shoulder girdle. O'Brien's test is positive. Hawkins test is positive. Speed's test is negative. Neurological exam is normal. The IW is engaged in a self-directed home exercise program. He is taking Ibuprofen 800mg TID for pain. The provider is recommending an MRI of the right shoulder to determine if there is a recurrent tear of the labrum. The current request is for MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 9 Shoulder Complaints Page(s): 207-208.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI evaluation of the right shoulder is not medically necessary. Indications for MRI imaging are enumerated in the Official Disability Guidelines. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. For additional indications see the guidelines. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy with coracoacromial ligament release, synovectomy, subacromial the compression, acromioplasty, and glenohumeral debridement; and impingement syndrome, left shoulder with labral tear and paralabral cysts. A progress note dated September 30, 2014 indicates the injured worker had a "gradual increase in his right shoulder pain". Physical examination from September 30, 2014 was unchanged when compared to the August 5, 2014 progress note. Flexion, abduction, and adduction remained the same. Repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and or objective findings suggestive of significant pathology. The medical record did not contain documentation of a significant change in symptoms nor did it contain objective findings suggestive of significant pathology. There were no red flag conditions present nor was there any neurologic dysfunction. Consequently, absent the appropriate clinical documentation with significant changes in symptoms and signs and according to the guidelines indicating repeat MRI is not routinely recommended, MRI evaluation of the right shoulder is not medically necessary.