

<b>Case Number:</b>	CM14-0207129		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice 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:

This is a 48 year old male patient who sustained a work related injury on 6/24/2009. Patient sustained the injury when he lifted a heavy crate. The current diagnoses include rotator cuff tendinitis, rotator cuff tear, and impingement syndrome and lumbar facet arthropathy. Per the doctor's note dated 10/17/14, patient has complaints of pain in the neck, low back and right shoulder. Physical examination of the right shoulder revealed mild tenderness, no swelling or atrophy, positive Neer and Hawkins' test and normal sensation. The current medication lists was not specified in the records provided. The patient has had MRI of the cervical spine on 7/30/14 that revealed retrolisthesis; MRI of the right shoulder on 2012 showed rotator cuff tendinitis, partial tear of the rotator cuff, impingement and acromioclavicular joint arthritis; EMG of the UE on 8/1/14 that revealed CTS and EMG of the LE was normal; MRI of the low back on 3/2014 that revealed annular tear at L4-5. The patient's surgical history includes right L4-5 L5-S1 facet intra articular injection; cervical spine surgery in 1/18/13; and right CTR. The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder(updated 10/31/14) Magnetic resonance imaging (MRI).

**Decision rationale:** According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out.... Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems; -Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)."Any of these indications that would require a shoulder MRI were not specified in the records provided.ACOEM/MTUS guidelines do not address a repeat shoulder MRI. Hence ODG is used. Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The patient has had MRI of the right shoulder on 2012 showed rotator cuff tendinitis, partial tear of the rotator cuff, impingement and acromioclavicular joint arthritis.Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided.Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided.Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided.The records submitted contain no accompanying current PT evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided.The medical necessity of the request for MRI Arthrogram of the right shoulder is not fully established in this patient.