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| <b>Case Number:</b>   | CM14-0062144 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 07/19/2011 |
| <b>Decision Date:</b> | 02/17/2015   | <b>UR Denial Date:</b>       | 04/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 7/19/11 after falling down stairs and hitting her right shoulder against a wall. She was seen by her provider on 8/26/11 and was status post a cortisone injection on 8/19/11. She was performing regular activity. Her right shoulder exam showed moderate pain at the AC joint and mild pain at the supraspinatus, infraspinatus, subacromion and biceps tendon. She had mildly positive impingement tests and abduction vs. resistance increased pain. Her diagnoses were right shoulder contusion and strain, acromioclavicular strain and rule out right shoulder impingement. She underwent a CT arthrogram of the right shoulder on 9/1/11 showing prominent AC joint synovial hypertrophy and synovitis and modest tendinopathy and intrasubstance delamination of the supraspinatus tendon. At issue in this review is the retrospective request for a right shoulder MRI of 11/17/11.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 03/31/14) Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for a retrospective MRI of the shoulder. The records document a physical exam with tenderness to palpation and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and given a recent CT arthrogram documenting her anatomy, a MRI of the right shoulder is not medically indicated. The medical necessity of a shoulder MRI is not substantiated in the records.