

<b>Case Number:</b>	CM15-0006185		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 36 year old male patient, who sustained an industrial injury on 11/05/2013. A primary treating office visit dated 11/20/2014 reported chief complaints of right shoulder pain, neck pain, depression and anxiety and headaches. The patient is currently on temporary total disability. The patient did participate in physical therapy, underwent a right shoulder injection with temporary relief, but still symptomatic severe right shoulder pain. The right shoulder pain is described as continuous, severe pain with radiation to the right upper extremity. There is catching and grinding sensation and limited range of motion. The shoulder pain also radiates into the neck and down the right upper extremity. He also reported cervical right sided neck pain, tightness and spasm. The patient reported injury related difficulties with daily activities with any arm or hand manipulation being difficult with extension or reaching at or above shoulder level. Currently prescribed medications are; nortriptyline and Methocarbamol. Inspection found right paracervical muscle guarding and tenderness with right trapezius trigger point and positive axial head compression. He was also found with right biceps tendon tenderness, right supraspinatus tendon tenderness and hypoesthesia globally in the right upper extremity. On 12/13/2014 Utilization Review non-certified the request for one MRI arthrogram of the right shoulder, noting the CA MTUS/ACOEM arthrogram, Shoulder, Official Disability Guidelines Shoulder acute on chronic were cited.

### 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder ( Acute & Chronic )

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided indicate that the injured worker previously had a normal MRI of the right shoulder, but has persistent pain that has not improved with physical therapy. The requesting provider indicates that there may be a labral tear and requests an MRI arthrogram. The same physician also requests conservative treatment with acupuncture for the right shoulder. Acupuncture was certified by utilization review. As acupuncture is expected to provide improvement in the right shoulder, surgical repair is not anticipated, and therefore a MRI arthrogram is not currently indicated. The request for MRI Arthrogram of the right shoulder is determined to not be medically necessary.