

<b>Case Number:</b>	CM15-0101879		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, Florida, 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 71 year old male with an industrial injury dated 12/22/2009 with injury to right shoulder. His diagnoses included right shoulder pain, status post right shoulder surgery possible rotator cuff repair, right impingement syndrome, possible right biceps rupture, depression, anxiety and insomnia. Co morbid diagnoses included hypertension and history of cardiovascular disease. Prior treatment included physical therapy, chiropractic treatments, injections, TENS unit and medications. He had right shoulder surgery in 2010 and left shoulder surgery in 2014. He was currently taking Tylenol # 3 for pain. He had gastrointestinal issues and was unable to take non-steroidal medications. He presents on 01/28/2015 with complaints of right shoulder pain with difficulty raising his shoulder. He had difficulty sleeping on the right side because of the pain which he rated as 7 on a scale of 0-10. There was tingling and numbness around the proximal part of the humerus. Physical exam revealed tenderness over the right AC joint in the superior lateral aspect of the shoulder. There was pain with abduction of the right shoulder. He was unable to reach his back with his hand. "Various impingement maneuvers are positive in the shoulder." MRI dated 10/10/2014 showed findings compatible with a torn retracted biceps tendon which was new compared with previous MRI. No full thickness tear was noted. Treatment plan consisted MRI of the right shoulder and the right elbow, Celebrex, Lidoderm patch, Dendracin ointment, Nortriptyline, acupuncture and home exercise program. The request is for MRI of the right shoulder without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

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

**Decision rationale:** This claimant was injured in 2009, now six years ago. He is post shoulder surgery. There has been extensive conservative care. As of January 2015, there was still right shoulder pain. There did not appear to be progression of functional deficits since the last MRI, which was done just recently, last October. That MRI had documented a new torn retracted biceps tendon. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support repeat advanced imaging given one was just done fairly recently. The request is appropriately not medically necessary.