

<b>Case Number:</b>	CM15-0101927		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 who sustained an industrial injury on 10/26/2013. Current diagnoses include partial thickness rotator cuff tear with possible cyst formation. Previous treatments included medications and acupuncture. Previous diagnostic studies include an MRI of the right shoulder and EMG. Report dated 05/02/2015 noted that the injured worker presented with complaints that included right shoulder pain and difficulty sleeping due to pain. Pain level was not included. Physical examination was positive for decreased range of motion, tenderness in the acromioclavicular joint, decreased strength, and impingement test is positive. The treatment plan included a MRI of the right shoulder with contrast, possible cortisone injection and a course of physical therapy, or possible surgery. Disputed treatments include an MRI of the right shoulder with contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the right shoulder with contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 injured worker had a previous MRI of the right shoulder that revealed a partial thickness tendon tear of the distal supraspinatus, hypertrophic changes of the AC joint, and cyst formation in the proximal humerus that is multi-loculated. Physical examination of the right shoulder revealed pain, decreased ROM and strength and a positive impingement test. To date, the injured worker has received 6 chiropractor visits and an MRI for the right shoulder. This new request for MRI of the right shoulder is to further examine the cyst to determine if surgery is appropriate versus conservation treatments. Per the established guidelines, the injured worker should attempt conservative measure prior to having a repeat MRI, therefore, the request for MRI (Magnetic Resonance Imaging) of the right shoulder with contrast is determined to not be medically necessary at this time.