

<b>Case Number:</b>	CM15-0130154		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on 03-23-2010. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having left shoulder subacromial decompression surgery, right shoulder impingement/tendinitis/bursitis with acromioclavicular joint arthritis and mild osteoarthritis of the glenohumeral joint per MRI dated 11-07-2012, left thumb carpometacarpal joint sprain, cervical spine sprain, muscle contraction headaches, thoracolumbar musculoligamentous sprain-strain, left sacroiliac joint sprain, and sleep complaints. Treatment and diagnostics to date has included therapy, home exercise program, and medications. In a progress note dated 06-01-2015, the injured worker presented with complaints of right shoulder pain, weakness, and limited range of motion and would like to proceed with surgery. Objective findings include tenderness to palpation over the acromioclavicular joint, subacromial region, and trapezius muscles with crepitus and positive impingement test. Pain is noted as 3-4 out of 10 with medications and 7-8 out of 10 without medications with over 4 hours of relief using Norco. Functional improvement is noted as ability to perform activities of daily living, improved participation in therapy program and home exercise program, and improved sleep pattern. The treating physician reported requesting authorization for an updated MRI scan of the right shoulder and Norco.

### 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, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter-Magnetic resonance imaging (MRI).

**Decision rationale:** As per ODG -criteria for MRI (magnetic resonance imaging): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Sub-acute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Review of submitted medical records of injured worker mention about chronic pain in right shoulder. The records are not clear about change in neurological findings, and there are no red flags. Without such evidence and based on guidelines cited, the request for MRI Shoulder is not medically necessary.

**Norco 7.5/325mg, quantity: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documented the injured worker's least reported pain over the period since last assessment, average pain with noted reduction of pain using Norco, and improvement in function. Therefore, based on the Guidelines and the submitted records, the request for Norco is medically necessary.