

<b>Case Number:</b>	CM15-0145513		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Massachusetts

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 53 year old female, who sustained an industrial injury on 4-25-13 Initial complaints were of her shoulders, wrist and hands after a fall down steps. The injured worker was diagnosed as having left shoulder rotator cuff injury. Treatment to date has included status post left shoulder rotator cuff repair (4-7-14); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 7-7-15 indicated the injured worker is a status post left shoulder arthroscopy with rotator cuff repair (April 2014). Her left shoulder pain is reported as 6 out of 10 on a pain scale and the right shoulder is noted as compensatory pain rated at 7 out of 10. Her cervical pain is left greater than the right upper extremity rated at 5 out of 10. She has left wrist pain 5 out of 10. He has requested topical NSAIDS due to oral NSAIDS cause GI upset even with PPI. She has failed Celebrex. Physical examination of the left shoulder notes flexion at 120 degrees and abduction 120 degrees. She has tenderness at the right shoulder with limited range of motion due to pain. He documents she has tenderness at the cervical spine with range of motion flexion 40 degrees, extension 35 degrees, left and right rotation 30 degrees and left and right lateral tilt 30 degrees. Upper extremity neurologic evaluation demonstrates left greater than right diminished sensation at C6 and C7. His treatment plan recommended physical therapy for her left shoulder and cervical spine. He is also requesting authorization of 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 (magnetic resonance imaging), Right Shoulder without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

**Decision rationale:** According to ACOEM guidelines states that relying only on imaging studies to evaluate the source of shoulder symptoms increases the chance of false-positive. As well, the guidelines do not support routine MRI for impingement syndrome. According to the clinic record by the treating provider MRI was requested to assess impingement syndrome. Considering there has been no significant change in right shoulder symptoms or physical findings since last MRI and arthroscopic intervention, the requested MRI is not medically necessary at this time.