

<b>Case Number:</b>	CM15-0149080		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old male who sustained a work related injury September 11, 2009. According to a follow-up, psychiatric report, dated April 21, 2015, the injured worker complains of anxiety tension depression(reduced) and insomnia (reduced). His judgment and insight are intact with no impaired reality testing. Current medication included Xanax, Ambien, and Trazodone. Diagnosis is documented as depressive disorder, not otherwise specified. According to a primary treating physician's progress report, dated June 10, 2015, the injured worker presented with constant left shoulder pain, rated 8 out of 10, intermittent right shoulder pain, rated 7 out of 10, right knee pain, rated 8 out of 10, left knee pain, rated 7 out of 10 and intermittent right wrist pain, rated 5 out of 10. Handwritten notes are difficult to decipher. Diagnoses are left shoulder sprain, strain mild frozen shoulder; right shoulder sprain, strain frozen shoulder; status post left and right knee arthroscopy, rule out internal derangement; lumbar spine sprain, strain, bilateral sciatica, multilevel disc protrusions; right wrist sprain, strain rule out internal derangement. Treatment plan included MRA of the bilateral knees, and medication. At issue, is the request for authorization for an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

**Decision rationale:** Based on the 05/04/15 progress report provided by treating physician, the patient presents with right shoulder pain rated 7/10. The request is for MRI right shoulder. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes sprain/strain of unspecified site of shoulder or arm. Diagnosis on 04/27/15 includes frozen shoulder. Physical examination to the right shoulder on 04/27/15 revealed: tenderness to palpation to the Acromioclavicular joint and bicep tendon groove, and superior deltoid. Range of motion was decreased, especially on external rotation 50 degrees. Positive Hawkin's and Neer's tests. Patient's medications include Xanax, Ambien and Trazodone. The patient is permanent and stationary since 10/10/13 and may return to modified duties, per 04/27/15 report. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain". ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute 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. (Mays, 2008)" Per 03/12/15 report, treater requests MRI right shoulder due to increase in pain. ODG allows the use of MRI imaging to perform a global examination. The patient continues with pain, and there is no indication the patient had prior MRI of the right shoulder. Given the patient's symptoms, physical examination findings and diagnosis, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.