

<b>Case Number:</b>	CM15-0149359		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/21/1999
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/01/2015
<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: Texas, New York, 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 applicant is a represented 62-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 21, 1999. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 8, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant's shoulder pain was described as constant and worsening. The applicant was on topical Lidoderm for pain relief, it was reported. The applicant's BMI was 33. The applicant was given diagnoses of shoulder rotator cuff tear and cervical radiculopathy. Tenderness and pain-limited range of motion were appreciated about both the shoulder and the cervical spine. MRI imaging of the shoulder was sought. It was not clearly stated how (or if) the proposed shoulder MRI would influence or alter the treatment plan. The requesting provider was seemingly a pain management physician, it was suggested.

### 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** No, the request for a shoulder MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MR or arthrography of the shoulder without surgical indications is deemed "not recommended". Here, the June 8, 2015 progress note at issue made no mention of the claimant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. There was no mention of the claimant's considering a shoulder surgery as of that date. It was not stated how (or if) the proposed shoulder MRI would influence or alter the treatment plan. The requesting provider was a pain management physician (as opposed to a shoulder surgeon), further reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.