

<b>Case Number:</b>	CM15-0165391		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on 12-8-10. Her initial complaint was feeling a "pop" in her shoulders, followed by pain. The injury occurred as the result of a cart she was pushing "falling apart", causing the contents of the cart to fall. She was attempting to prevent the items from falling to the floor. The psychological evaluation, dated 1-19-15, states that the injured worker was a "poor historian", as she "could not recall specific details of her injuries or answer questions regarding what happened shortly thereafter, the treatment she received from the industrial doctor, and when she had to take time off work due to her injuries". The report also states that she has had three industrial accidents during her employment. The Qualified Medical Examination (QME), dated 4-1-15, reveals that the injured worker sustained her initial injury in April 2010 due to lifting a heavy object. She experienced left shoulder symptoms and was seen by medical personnel, who prescribed medications and referred her to physical therapy. In December 2010, she sustained the second industrial injury, affecting her neck, right shoulder, and lower back, when she was attempting to prevent items from falling off a cart. She reported taking Naprosyn that she had from her initial injury. She was evaluated by the occupational clinic. Physical therapy and a prescription for Naprosyn were given. On 1-28-11, she sustained another industrial injury, when she slipped, causing her to fall. She "broke the fall with her hands". X-rays were taken and she was referred to physical therapy, again. She was treated with "Ibuprofen or Naprosyn and Vicodin or Norco". She underwent left shoulder surgery in May 2012. The 7-20-15 PR-2 indicates that the injured worker complained of right shoulder pain with abduction. She also complained of "soreness" in the right shoulder

when sleeping. She is status post right rotator cuff repair with subacromial decompression and partial acromioplasty on 1-21-15. The report states that she has "persistent complaints of right shoulder pain - etiology unclear". An MRI of the right shoulder was ordered. She was instructed on no lifting, pushing, pulling, or above the shoulder movement with her right arm. She was prescribed Duexis for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI for right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did rotator cuff surgery with persistent symptoms. The claimant had an MR arthrogram a year ago. A repeat MRI would offer less value than an MRI arthrogram would to determine outcome from prior surgery. In addition, there was no plan for additional surgery since the claimant just had one. As a result, the request is not medically necessary.