

<b>Case Number:</b>	CM15-0166652		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 45 year old male with an industrial injury dated 07-29-2014. The injured worker's diagnoses include status post traumatic complete tear of subscapularis, right shoulder and right shoulder strain. Treatment consisted of diagnostic studies MR arthrogram of right shoulder dated 07-27-2015, prescribed medications, work restrictions, and periodic follow up visits. In a progress note dated 07-21-2015, the injured worker reported right shoulder pain, greater in the front and less in the back, and increased pain with activities. Objective findings revealed some soreness and tenderness in the area of the acromioclavicular joint (AC) and some anterior tenderness of the right shoulder with positive apprehension test. MR arthrogram of right shoulder dated 07-27-2015 revealed normal intra articular opacification of the glenohumeral joint, tendon located partially over the lesser tuberosity, tear of the superior labrum, no articular abnormalities and no intra-articular bodies or changes of synovitis. In a progress report dated 07-29-2015, the injured worker presented with right shoulder sling. Objective findings revealed diminished sensation in the right lateral shoulder, right thumb tip, right long tip, and right short tip. The treating physician prescribed services for magnetic resonance imaging (MRI) of the right shoulder, which was non-certified by Utilization Review on 08-19-2015.

### 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 Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** According to the ACOEM guideline cited, for workers with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. For injured workers with limitations of activity after four weeks and unexplained physical findings, such as localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis. In addition, the cited ODG states that MRI of the shoulder is recommended when the injured worker has had history of acute shoulder trauma, with suspected rotator cuff tear/impingement, and over age 40. The treating physician's notes from 07/29/2015 indicate that the injured worker had a significant increase in his right shoulder pain following his MR arthrogram of the right shoulder on 07-27-2015, with pain 5-6/10 on the visual analog scale. He also is now requesting shoulder surgery, which had been previously evaluated and advised by Orthopedics. However, his current complaints for the requested MRI are status post MR arthrogram testing. Considering no new red flags on the history and findings, plus previous definitive imaging of the right shoulder, the request for MRI of the right shoulder is not medically necessary and appropriate at this time.