

<b>Case Number:</b>	CM15-0169449		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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 36-year-old who has filed a claim for chronic shoulder, wrist, and knee pain reportedly associated with an industrial injury of September 24, 2012. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for MRI imaging of the left shoulder. The claims administrator cited an August 11, 2015 progress note and an August 12, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a progress note dated June 30, 2015, the applicant reported ongoing complaints of shoulder pain and headaches, reportedly worsening over time. 5/10 pain with medications versus 10/10 pain without medications was reported. The applicant exhibited positive signs of internal impingement about the shoulder with painful abduction appreciated. The applicant contended that he did wish to undergo shoulder surgery at this point. Norco and Elavil were endorsed. The applicant was seemingly returned to regular work. A second opinion orthopedic shoulder surgery consultation was sought. A medical-legal evaluator reported on July 21, 2014 that the applicant was working regular duty but should have a proviso to receive shoulder surgery at a later point in time. On August 11, 2015, the applicant reported ongoing complaints of left shoulder pain. The applicant was pending a second opinion shoulder surgery consultation, it was reported. Shoulder MRI images were sought on the grounds that the applicant's prior shoulder MRI was three years old and that the applicant's shoulder surgeon needed a more recent MRI for preoperative planning purposes. Limited shoulder range of motion and positive signs of internal impingement were appreciated.

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

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

### **MRI (Magnetic Resonance Imaging) of the left shoulder without contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** Yes, the proposed MRI imaging of the left shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging of the shoulder is recommended in the preoperative evaluation of partial thickness and/or large full thickness rotator cuff tears. Here, the requesting provider and/or applicant both seemingly stated that the applicant was intent on obtaining a second opinion shoulder surgery consultation and further stated that the applicant was intent on pursuing a surgical remedy, given the applicant's progressively worsening shoulder symptoms over time. Earlier shoulder MRI imaging was reportedly too dated for preoperative planning purposes. Moving forward with repeat shoulder MRI imaging, thus, was indicated. Therefore, the request was medically necessary.