

<b>Case Number:</b>	CM15-0180635		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 45 year old female, who sustained an industrial injury on 02-18-2014. She has reported subsequent right shoulder pain and was diagnosed with partial tear of rotator cuff, synovitis, acromioclavicular joint osteoarthritis with medial outlet obstruction and status post arthroscopic surgery. There were no imaging study results of the right shoulder provided or discussed in the notes submitted. Treatment to date has included oral pain medication, physical therapy and surgery which were noted to fail to provide significant pain relief. The injured worker underwent right shoulder synovectomy, debridement, acromioclavicular joint resection and subacromial decompression with acromioplasty on 01-27-2015. The most recent progress notes dated 06-23-2015, 07-06-2015 and 08-10-2015 are brief and there is no documentation of the severity of pain or any specific discussion of the injured worker's functional abilities. In a progress note dated 08-10-2015, the injured worker reported increasing right shoulder pain after an incident of being punched at a family picnic. Objective examination findings showed 170 degrees of forward flexion and abduction of the shoulder with pain at the end points, abduction to 110 degrees and positive Hawkin's, Neer's and O'Brien's tests. Work status was documented as modified. A request for authorization of MRI (magnetic resonance imaging) with gadolinium/contrast for the right shoulder was submitted. As per the 09-04-2015 utilization review, the request for MRI (magnetic resonance imaging) with gadolinium/contrast for the right shoulder was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) with gadolinium/contrast for the right shoulder:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** Based on the 8/10/15 progress report provided by the treating physician, this patient presents with right shoulder pain. The treater has asked for MRI (magnetic resonance imaging) with gadolinium/contrast for the right shoulder on 8/10/15. The patient's diagnosis per request for authorization dated 8/27/15 is rotator cuff tear. The patient is s/p right shoulder subacromial decompression AC joint resection on 1/25/15 per 8/10/15 report. The patient has continued pain/acute exacerbation of her pain secondary to an incident at a family barbecue where her cousin per 8/10/15 report punched her repeatedly. The patient has difficult range of motion as of 6/23/15 report. The patient has residual pain in shoulder, but pain mainly across her trapezius per 6/15/15 report. The patient was doing well until a physical therapy visit the previous week, which required a lot of manipulation that impinged on her shoulder; now, she has pain across her trapezius per 5/18/15 report. The patient is MMI as of 7/6/15 and can return to work with restrictions per 8/10/15 report. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, 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 Guidelines, 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; Sub acute 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)" The treater does not discuss this request in the reports provided. Physical exam on 8/10/15 showed 170 degrees of forward flexion and abduction with pain at end points. The patient had been progressing well after a right shoulder subacromial decompression AC joint resection on 1/25/15, when she felt impingement on right shoulder during physical therapy manipulation, with subsequent pain across trapezius. More recently, patient was punched repeatedly during a family barbecue which caused an acute exacerbation. The medical file does not indicate that there is a prior MRI of the left shoulder. The utilization review letter dated 9/4/15 denies request as routine repeat shoulder MRI's are not indicated. However, the patient is more than 6 months s/p right shoulder surgery, with ongoing deficits and pain and a recent exacerbation. Therefore, the request is medically necessary.