

<b>Case Number:</b>	CM15-0193392		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 71 year old female, who sustained an industrial injury on 7-31-2013. The injured worker is being treated for right shoulder impingement syndrome. Treatment to date has included surgical intervention (left shoulder arthroscopy), subacromial injection of the right shoulder (7-09-2015), medications, physical therapy, ergonomic work modifications and diagnostics. Per the Primary Treating Physician's Progress Report dated 9-15-2015, the injured worker presented for follow-up of her right shoulder and right knee. Her right shoulder has a history of impingement and rotator cuff syndrome per magnetic resonance imaging (MRI) but she cannot find the films. Only the report is available for review. She has a history of dislocation and previous surgery. She had a subacromial injection on 7-09-2015 which helped for one month. Now she is having night pain again. Objective findings included tenderness to palpation of the right shoulder at the tuberosity. Under medical history it is noted that the IW "has metal in her body." The plan of care included, and authorization was requested for magnetic resonance imaging (MRI) right shoulder. On 9-21-2015, Utilization Review non-certified the request for MRI of the right shoulder.

### 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, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthroscopy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute 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. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome and rotator cuff syndrome; and status post right knee arthroscopy with partial medial meniscectomy and chondroplasty. Date of injury is July 31, 2013. Request for authorization is September 15, 2015. According to an agreed medical examination (AME), the injured worker had an MRI of the right shoulder June 15 of 2010. There was a full thickness tear noted. The films were not available for review. The injured worker underwent a second MRI right shoulder August 3, 2014. The MRI showed a full thickness tear. There is no official radiology report in the medical record. According to a September 15, 2015 progress note, the workers following up her right shoulder and knee pain. Injured worker has symptoms compatible with impingement syndrome and rotator cuff syndrome. The worker is unable to locate the prior MRI films. Objectively, there is tenderness to palpation about the tuberosity with impingement. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no documentation of a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has had intermittent symptoms consistent with the provided diagnosis. Additionally, the injured worker, as noted above, had an MRI within the year (August 3, 2014). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, MRI of the right shoulder performed August 2014 and no documentation showing the significant change in symptoms and/or objective findings, MRI right shoulder is not medically necessary.