

<b>Case Number:</b>	CM15-0204366		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 30-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 10, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 7, 2015, ongoing complaints of shoulder pain were reported. The applicant exhibited 130 degrees of flexion and abduction. The claimant had undergone earlier shoulder surgery on December 3, 2014. A functional capacity evaluation was sought. Rather proscriptive 10-pound lifting limitation was imposed. It was suggested that the applicant was not working with said limitation in place. On September 17, 2015, it was stated that the applicant had undergone shoulder MRI imaging, which did not reveal any evidence of a new rotator cuff tear. The applicant was asked to pursue acupuncture for trapezial and cervical pathology. On September 2, 2015, the applicant reported 4/10 shoulder pain complaints. Positive signs of internal impingement with decreased abduction about the right shoulder were reported. Tramadol was renewed. Shoulder MRI imaging was endorsed while tramadol was renewed. The requesting provider, a physiatrist, stated the applicant would likely consider injection therapy following shoulder MRI imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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, (Acute & Chronic)- Online Version, Magnetic Resonance imaging (MRI).

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

**Decision rationale:** No, the request for MRI of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed not recommended. Here, the requesting provider, a physiatrist, made no mention of the applicant's willingness to consider any kind of surgical intervention involving the injured shoulder based on the outcome of the study in question as of the date of the request, September 2, 2015. The applicant did apparently receive the shoulder MRI imaging, despite the adverse Utilization Review determination. A progress note of September 17, 2015 noted that said shoulder MRI imaging was negative for any new rotator cuff tear. The applicant did not, thus, ultimately act on the results of the study in question and/or consider any kind of surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.