

<b>Case Number:</b>	CM15-0207520		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/01/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 42 year old female, who sustained an industrial injury on June 01, 2015. The injured worker was diagnosed as having tendinitis of the right shoulder and neck muscle strain. Treatment and diagnostic studies to date has included medication regimen and physical therapy. In a progress note dated September 23, 2015 the treating physician reports complaints of pain to the right shoulder with exertion of the right arm. Examination performed on September 23, 2015 was revealing for right shoulder pain when raising the arm above the head and muscular tightness to the right lower paraspinal neck muscles. The medical records provided did not indicate prior radiological studies performed. On September 23, 2015 the treating physician requested a magnetic resonance imaging of the right shoulder without contrast due to subjective and objective findings. On October 01, 2015 the Utilization Review determined the request for magnetic resonance imaging of the right shoulder without contrast to be non-approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right shoulder without contrast:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient was injured on 06/01/15 and presents with pain in her neck and her right shoulder. The request is for a MRI OF RIGHT SHOULDER WITHOUT CONTRAST. The utilization review denial rationale is that "there were no objective findings suggestive of shoulder conditions for which an MRI is indicated." The RFA is dated 09/23/15 and the patient is on modified work duty. Review of the reports provided do not indicate if the patient had a prior MRI of the right shoulder. ODG Guidelines, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 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. The patient is able to raise her right arm above head level but has pain. She is diagnosed with tendinitis of the right shoulder and neck muscle strain. Treatment to date includes medication regimen and physical therapy. The provided documentation does not indicate if the patient had a prior MRI of the right shoulder. Given the patient's persistent level of symptoms and no prior MRI of the right shoulder, a MRI appears medically reasonable and supported by the guidelines. The request IS medically necessary.