

<b>Case Number:</b>	CM15-0208647		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<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 66 year old female, who sustained an industrial injury on 4-21-2006. The injured worker is undergoing treatment for cervical degenerative disc disease (DDD), cervical radiculopathy, right upper extremity rotator cuff syndrome and chronic pain. Medical records dated 9-21-2015 indicate the injured worker complains of chronic neck and right shoulder pain radiating down the right arm. She reports previous cortisone injection worked for 3-4 weeks. The treating physician indicates it has been 4 years since the last magnetic resonance imaging (MRI). Physical exam dated 9-21-2015 notes painful range of motion (ROM) with positive impingement. Treatment to date has included injections and medication. The original utilization review dated 10-12-2015 indicates the request for right shoulder magnetic resonance imaging (MRI) is non-certified.

### 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:** 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 (Acute & Chronic) Chapter, under Magnetic resonance imaging.

**Decision rationale:** Based on the 9/21/15 progress report provided by the treating physician, this patient presents with chronic right-sided neck pain moving down the right arm, and right shoulder pain. The treater has asked for MRI RIGHT SHOULDER on 9/21/15. The patient's diagnoses per request for authorization dated 10/2/15 is right shoulder (pain in joint). The patient is s/p cortisone shot in June of 2015 which did help for about 3-4 weeks per 9/21/15 report. The right shoulder pain is localized anteriorly down into the biceps per 9/21/15 report. The patient rates her neck pain as 8/10, and states that it radiates down her right arm with paresthesias per 7/20/15 report. The patient is taking Gabapentin and Cymbalta as of 5/12/15 report. The patient is working full-time, full-duty per 5/12/15 report. ODG-TWC, 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. 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 treater is requesting an updated MRI of the right shoulder "as it has been four years since her last MRI to see how things may have changed since 2011." The results of the original MRI of the right shoulder from 2011 were not included in the documentation. However, there is no documentation of any subsequent re-injury, flare-up, or other significant changes in symptoms. There is no documentation of any surgical interventions related to the right shoulder since 2011. The requested updated MRI at this juncture is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.