

<b>Case Number:</b>	CM15-0210381		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male who sustained an industrial injury on 01-20-2004. On 01-08-2015, the injured worker underwent a right shoulder arthroscopy, partial synovectomy and tenodesis long head biceps tendon. According to a progress report dated 09-29-2015, the injured worker reported right shoulder pain. He had underwent surgery in January 2015. He later suffered a repeat fall and underwent a revision in April 2015. The following day, he fell again and continued to have pain. He was told that he needed a shoulder replacement. Pain was disturbing his sleep. He also reported left shoulder pain and back pain. He continued to have a significant number of falls. There had been no new imaging since his previous surgeries. Physical examination demonstrated well healed incisions. Good cuff strength was noted. Pain with cuff testing was noted. There was tenderness to palpation of the AC joint. Diagnoses included right shoulder pain, moderate right shoulder arthritis and right shoulder RTC pain with uncertain tear status. The treatment plan included MRI of the right shoulder to re-evaluate RTC. Operative options were to be discussed following MRI. On 10-15-2015, Utilization Review non-certified the request for MRI of the right shoulder without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder without Contrast:** Upheld

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

**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), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant has a remote history of a work injury in January 2004 with injuries to the right knee and shoulder. He underwent a right total knee replacement. He has a history of a right humeral fracture and multiple right shoulder surgeries including a rotator cuff reconstruction. He underwent a right shoulder arthroscopic synovectomy with biceps tenodesis in January 2015. When seen, he had findings of advanced glenohumeral osteoarthritis. A shoulder replacement was being considered. Physical examination findings included good rotator cuff strength. There was acromioclavicular joint tenderness. He had pain with shoulder testing. An MRI of the left shoulder is being requested to assess the rotator cuff prior to arthroplasty. MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial and full thickness rotator cuff tears. 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, there is no acute injury. Physical examination findings do not suggest instability or a new rotator cuff injury. A right shoulder MRI is not medically necessary.