

<b>Case Number:</b>	CM15-0035766		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Hawaii

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 34 year old male, who sustained an industrial injury on 7/25/2012. The diagnoses have included right shoulder strain and pain, chronic pain syndrome, neuropathic pain and anxiety. He is status-post arthroscopic shoulder surgery in 2013. Treatment to date has included a strengthening program. Currently, the IW complains of right shoulder pain. He cannot sleep on the right shoulder. Objective findings showed shoulder range of motion within normal limits. Strength in the upper extremities is 5/5. On 2/10/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) right shoulder noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines and ODG were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of MRI right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder MRI ACOEM, pg 207-208.

**Decision rationale:** The patient presents with right shoulder pain. The current request is for a MRI Right Shoulder. The treating physician states, "He states he got the x-ray of the right shoulder. He saw [REDACTED] and [REDACTED] requested an MRI of the right shoulder. The patient states that the pain had increased to such an extent that he was sent home from physical therapy because they could not help him. I do agree with the right shoulder MRI to see the reason of why the patient is having increased pain. He has had surgery. He has had physical therapy. He was doing better but now this pain activity is affecting his function." (B.8) ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon)." The ODG guidelines state, "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 treating physician has documented that post surgically the patient has had an increase in right shoulder pain following dribbling a basketball and there has been a significant change in the patient's ability to use his right shoulder and a significant increase in pain. The current request is medically necessary and the recommendation is for authorization.