

<b>Case Number:</b>	CM15-0039221		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 66 year old female who sustained an industrial injury on 04/29/2009. The injured worker was diagnosed with left acromioclavicular joint arthrosis with impingement syndrome and rotator cuff tear. No surgical interventions were documented. Treatment to date has included diagnostic testing, multiple steroid injections to each shoulder, paraffin wax, extracorporeal shockwave therapy, physical therapy and medications. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience chronic left shoulder pain. Examination of the left shoulder demonstrated tenderness over the anterior joint line, bicipital groove, acromioclavicular joint and subacromial space. There was full active range of motion with pain and full motor strength with pain. There was no discussion of current oral or topical medication treatment for the shoulder. Treatment plan consists of arthroscopy of the left shoulder and the current request for magnetic resonance imaging (MRI) left shoulder with arthrogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI left shoulder with arthrogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The patient presents with pain affecting the left shoulder. The current request is for Outpatient MRI left shoulder with arthrogram. The treating physician states in the report dated 2/18/15, "Pt needs MRI- L shoulder with contrast". (10C) The patient received a left shoulder MRI scan with arthrogram on 2/27/15 and a left shoulder MRI on 10/7/10. 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 not documented any significant changes in the patient's symptoms and there are no red flags noted to indicate the medical necessity for a repeat MRI. In 2012, surgery to the left shoulder was recommended. This was followed by a several year period of no treatment. There is no evidence the patient's condition changed. She is still considered a surgical candidate. The current request is not medically necessary.