

<b>Case Number:</b>	CM15-0057657		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/16/2005
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 58-year-old female, who sustained an industrial injury on 9/16/2005. She reported striking her right shoulder on a hard protruding part of a lamp. Diagnoses include cervical sprain/strain, right shoulder sprain, chronic postoperative pain of the right shoulder, status post right shoulder surgery 2006, left shoulder sprain, myofascial pain, and depression. To date include medication therapy, physical therapy, aquatic therapy, chiropractic therapy, and therapeutic injections. She also had a home exercise program and a TENS unit. Currently, she complained of constant pain in bilateral shoulder and neck. On 3/11/15, the physical examination documented decreased cervical and shoulder range of care with tenderness and muscle spasms noted. The plan of care included MRI of the right shoulder. Per the doctor's note dated 1/19/15 patient had complaints of pain in cervical region that was radiating to bilateral shoulder. Physical examination of the cervical region revealed full ROM and positive compression test. A detailed recent physical examination of the right shoulder was not specified in the records provided. The patient has had MRI of the right shoulder that showed a tear and she underwent surgery. The patient has had repeat MRI of the right shoulder in 2007 that revealed a tear. Any diagnostic imaging report was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The medication list includes Naproxen, Norco, Flexeril, pantoprazole, and Zolpidem. Per the doctor's note dated 9/3/14 patient had complaints of right shoulder pain at 6/10 Physical examination of the right shoulder revealed tenderness on palpation, limited range of motion and positive impingement sign.

## 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 ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special studies and diagnostic and treatment consideration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 04/03/15) Magnetic resonance imaging (MRI).

**Decision rationale:** Request: MRI right shoulder without contrast. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "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); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." A detailed recent physical examination of the right shoulder was not specified in the records provided. Any of the indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent right shoulder X-ray report is not specified in the records provided. Per ODG shoulder guidelines cited below, "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 has had repeat MRI of the right shoulder in 2007 that revealed a tear. Any changes in physical findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The medical necessity of the request for MRI right shoulder without contrast is not fully established in this patient.