

<b>Case Number:</b>	CM15-0081247		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 54 year old male, who sustained an industrial injury on 12/4/14. He has reported initial complaints of shoulder pain due to activities at work. The diagnoses have included right shoulder impingement and right acromioclavicular osteoarthritis. Treatment to date has included medications, injections, physical therapy, home exercise program (HEP) and activity modifications. Currently, as per the physician progress note dated 4/2/15, the injured worker complains of right shoulder pain in the lateral deltoid area and soreness in the scapular area. The pain is aggravated by overhead use, reaching, lifting and shifting his truck. He reports a history of bursitis. He noted relief of the shoulder pain following two cortisone injections. It was noted that he did not go to therapy as recommended. He is working full duty. The physician recommended treatments were shoulder rehabilitation program, home exercise program (HEP), Motrin and ice as needed. The physician requested treatment included MRI of the right shoulder for further evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) The claimant sustained a work injury in December 2014 and continues to be treated for right shoulder pain. When seen initially, an acromioclavicular and subacromial injection procedure was performed with complete resolution of symptoms. He was referred for physical therapy but, when seen in follow-up, he had not attended treatments. He was having ongoing symptoms. Physical examination findings included positive impingement testing and shoulder abduction weakness with pain. Advanced imaging in this case would only be considered after failure of conservative treatments. In this case, the claimant's diagnosis is right rotator cuff impingement syndrome. He has not had the recommended conservative treatment which would likely be of benefit to him, specifically, the previously recommended physical therapy. Therefore, the requested shoulder MRI is not medically necessary. Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work injury in December 2014 and continues to be treated for right shoulder pain. When seen initially, an acromioclavicular and subacromial injection procedure was performed with complete resolution of symptoms. He was referred for physical therapy but, when seen in follow-up, he had not attended treatments. He was having ongoing symptoms. Physical examination findings included positive impingement testing and shoulder abduction weakness with pain. Advanced imaging in this case would be considered after failure of conservative treatments. In this case, the claimant's diagnosis is right rotator cuff impingement syndrome. He has not had the recommended conservative treatment which would likely be of benefit to him, specifically, the previously recommended physical therapy. Therefore, the requested shoulder MRI is not medically necessary. Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).