

<b>Case Number:</b>	CM15-0083348		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 64-year-old who has filed a claim for chronic shoulder, hand, wrist, and thumb pain reportedly associated with an industrial injury of July 30, 2014. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for MRI imaging of the right upper arm to include the humerus. The claims administrator referenced a February 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 18, 2015, the applicant presented with ongoing complaints of neck, shoulder, upper arm, and thumb pain. A well-healed surgical scar was noted about the right shoulder with positive signs of internal impingement. 130-150 degrees of right shoulder flexion and abduction were reported. MRI imaging of the shoulder to include the humerus and biceps tendon was endorsed while the applicant was placed off of work, on total temporary disability. The applicant had undergone earlier shoulder surgery in 2008, it was reported. The applicant was asked to continue home exercises and continue using a thumb spica support. On March 17, 2015, the treating provider, an orthopedist, noted that the applicant's shoulder pain was impacting her ability to perform various activities of daily living. MRI imaging of the shoulder to include the humerus was again sought while Flexeril, Protonix, and tramadol were endorsed. Once again, the applicant was placed off of work, on total temporary disability. The attending provider again stated that the applicant had a probable rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right upper arm including Humerus: Overturned**

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

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

**Decision rationale:** Yes, the request for MRI imaging of the right upper arm and shoulder to include the humerus was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. Here, the applicant presented on office visits of February and March 2015 reporting ongoing complaints of shoulder pain, attendant diminution of shoulder range of motion, and positive signs of internal impingement. The applicant had a history of prior shoulder surgery, increasing the likelihood of the applicant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. The requesting provider was an orthopedic shoulder surgeon, further increasing the likelihood of the applicant's acting on the results of the study in question. Earlier operative and non-operative treatments had failed, the treating provider maintained. MRI imaging of the shoulder/upper arm, thus, was indicated in the clinical context present here. Therefore, the request was medically necessary.