

<b>Case Number:</b>	CM14-0118600		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old male who reported an injury on 02/09/2012. The mechanism of injury was lifting. He is diagnosed with right shoulder tendinopathy and right shoulder impingement. His past treatments have included physical therapy, activity restriction, and medications. A previous MRI of the right shoulder was noted to have been performed in 2012 which revealed tendinopathy and rotator cuff tendinitis with no full thickness tearing. On 07/02/2014 the injured worker was seen with complaints of right shoulder pain which increased with overhead reaching. His physical examination revealed diffused tenderness around the right shoulder, decreased range of motion in the right shoulder, a positive impingement sign, decreased motor strength to 4/5 and infraspinatus and supraspinatus, and normal deep tendon reflexes of the right upper extremity. His medications were noted to include tramadol. A recommendation was made for an updated MRI to evaluate for progression of pathology due to an increase in pain and progression of symptoms. The Request for Authorization for an MRI of the left shoulder was submitted on 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** According to the Official Disability Guidelines a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was noted to have right shoulder pain as well as tenderness, decreased range of motion, positive impingement sign, and decreased motor strength at his 07/02/2014 visit. It was noted that the updated MRI was recommended to establish the progression of pathology due to his recent flare up of symptoms. However, upon review of previous medical records, the injured worker was noted to have similar symptoms of right shoulder pain with increase with overhead reaching, as well as a positive impingement sign, tenderness, decreased range of motion, and decreased motor strength at previous evaluations from well over 1 year earlier. Therefore, the clinical information does not clearly represent a significant change in symptoms or clinical presentation. In addition, the injured worker's previous MRI report was not provided in order to review findings and correlate with clinical presentation. In the absence of the MRI report and as the submitted clinical documentation does not support a significant change in symptoms or clinical pathology the request is not supported. As such, the request is not medically necessary.