

<b>Case Number:</b>	CM14-0146792		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Orthopedic Surgery, 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:

This claimant is a 38-year old male who sustained a vocational injury while working as a cook on 11/02/12. The medical records provided for review documented that the claimant underwent right shoulder arthroscopy on 08/08/13. The report of an MRI of the right shoulder dated 05/12/14, identified compromise of the exam due to patient motion artifact. There was tendinopathy of the supraspinatus tendon with no rotator cuff identified. There were arthritic changes of glenohumeral joint noted. There was some widening of the acromioclavicular joint which may have been related to prior surgical intervention or remote sprain. There was no acute fracture or dislocation. The report of x-rays dated 07/10/14, showed resection of the distal clavicle with concentric positioning of the humeral head. The office note dated 07/10/14 noted that the claimant had constant pain and stiffness of the right shoulder radiating to his right hand and arm and experiencing popping, clicking and grinding sensations in the shoulder. Examination of the right shoulder showed tenderness to palpation of the anterolateral and posterior/superior aspects of the right shoulder, range of motion showed limitations of flexion to 100 degrees, extension to 20 degrees, abduction 75 degrees, adduction 15 degrees, external rotation to 45 degrees, internal rotation to 60 degrees, and impingement sign was positive. Drop arm apprehension test was equivocal and the claimant had 4/5 strength in the right upper extremity. Diagnosis was status post right shoulder surgery with Mumford Procedure, right shoulder adhesive capsulitis, and post-operative ankylosis of the right shoulder. The report of an MRA of the right shoulder on 08/11/14 showed supraspinatus, partial tendon tear, infraspinatus articular surface, partial tendon tear, superior labral tear, SLAP Type 2 configuration, posterior labral tear, cystic changes of the posterior humeral head, healed incision of the anterior, superior soft tissue of the shoulder from prior surgery with resection of the distal clavicle. The records

documented that conservative treatment to date has included narcotics. This review is for an MRI of the right shoulder.

### **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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder (Acute & Chronic) updated 7/29/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Magnetic resonance imaging (MRI)

**Decision rationale:** The California ACOEM Guidelines recommend that prior to considering diagnostic testing there should be documentation of a minimum of 4-6 weeks of conservative care and observation with documentation that shows failure to improve symptoms and exam findings. The Official Disability Guidelines notes that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The medical records fail to establish the claimant has had a recent attempt, failure, and has exhausted conservative treatment in the form of antiinflammatories, injection therapy, formal physical therapy, and home exercise program prior to considering a repeat diagnostic study in the form of an MRI. In addition, it is also noted that an MRI back in May 2014 and a recent MRA from 8/11/2014 clearly established pathology in the claimant's right shoulder. Therefore, the medical necessity of another MRI of the right shoulder is not explained in the records or how it will change the claimant's treatment plan. A repeat MRI cannot be considered medically necessary, based on the documentation presented and reviewed in accordance with MTUS ACOEM and Official Disability Guidelines.