

<b>Case Number:</b>	CM14-0148895		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of January 30, 2003. A utilization review determination dated September 11, 2014 recommends noncertification for an MRI of the right shoulder without contrast. Noncertification was recommended due to no documentation of a new injury or significant change since the most recent MRI one year ago. A progress report dated August 19, 2014 identifies subjective complaints of right shoulder and right arm pain. The pain is 4/10 and relieved by medications. Physical examination findings reveal crepitus over the right shoulder with trigger points and limited range of motion. Sensation is intact with paresthesias. Orthopedic tests are positive in the right shoulder. Diagnoses include bicipital tenosynovitis and rotator cuff syndrome. The treatment plan recommends omeprazole, Norco, and an MRI of the right shoulder without contrast. The note states that the patient has continued to have radiculopathy in the right-hand and an MRI can provide soft tissue pathology. Additionally, physical therapy is also recommended.

### 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 without Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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) Other Medical Treatment Guideline or Medical Evidence: OFFICIAL DISABILITY GUIDELINES: Minnesota

**Decision rationale:** Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a shoulder MRI in 2013. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. If the patient has not undergone a shoulder MRI in 2013, there remains no documentation of failed conservative treatment. A recent progress report recommends additional physical therapy which does not appear to have been completed. In the absence of such documentation, the currently requested repeat shoulder MRI is not medically necessary.