

<b>Case Number:</b>	CM14-0185558		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Minnesota. 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 47 year old right hand dominant female with fibromyalgia and generalized pain as noted on her pain diagrams. There is a history of morbid obesity. She underwent a lumbosacral fusion in October 2012, and right shoulder subacromial decompression on 4/8/2014. Physical therapy notes of 6/9/2014 document 5/10 pain in the right shoulder radiating into the arm, headaches, and paresthesias in the right hand. On 6/30/2014 she reported 1-4/10 pain in the right shoulder, 5/10 in the left shoulder, and 4-6/10 in the remaining body parts. On July 14, 2014 the left shoulder pain was 6-9/10. The remaining body parts were 4-8/10. Right shoulder exam revealed flexion 0-180 degrees, abduction 0-170 degrees, Internal rotation 0-90 degrees, external rotation 0-50 degrees and adduction 0-90 degrees. Incisions were healed. Left shoulder exam revealed impingement signs, good shoulder motion and acromioclavicular tenderness. Arthroscopic subacromial decompression and partial distal claviclectomy was approved for the left shoulder. The disputed issue pertains to a request for a repeat MRI scan of the right shoulder with gadolinium enhancement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder with gadolinium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207,208.

**Decision rationale:** Routine postoperative MRIs of the shoulder in the absence of red flags on history or examination are not indicated per guidelines. The documentation indicates good motion in the right shoulder and no evidence of impingement or rotator cuff signs. The pain levels are similar to other body parts and are due to fibromyalgia .Imaging is considered for a specific anatomic defect such as a full thickness rotator cuff tear when surgery is being considered. Such is not the case here. Based upon the documentation submitted the request for an MRI scan of the right shoulder with gadolinium is not medically necessary per guidelines.