

<b>Case Number:</b>	CM15-0013782		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 29- year old male, who sustained an industrial injury on September 12, 2012. He has reported tripping over a chair causing her to fall on to her right side and twisting the bilateral ankles. The diagnoses have included status-post open reduction internal fixation of the fifth metatarsal joint fracture, right shoulder impingement syndrome, right hip and foot pain secondary to altered gait to overcompensation and chronic pain. Treatment to date has included pain medication, steroid joint injections, chiropractic therapy, acupuncture therapy, physical therapy with home exercise program, stationary boots, crutches, pain medication both oral and topical, electrical stimulator, ice/heat therapy, ace wrapping and regular follow-up. Currently, the IW complains of left foot pain and awaiting surgery for the left foot hardware removal. The worker also reported right shoulder pain with any movement. Pain is worsened with prolonged standing and as of the November 17, 2014, the worker was continuing to work. Accompanying symptoms included difficulty sleeping. Physical exam was remarkable for right shoulder impingement positive, two plus tenderness noted over the acromioclavicular (AC) joint, Coracoid process, bicipital groove, deltoid bursa and glenohumeral (GH) joint on the right. Range of motion of the right shoulder was full with internal rotation was 45 degrees with pain. There was palpable tenderness over the fifth metatarsal. Gait was intact with no assistive devices. Pain is worsened with standing and toe/heel rises. On January 9, 2015, the Utilization Review decision non-certified a request for a magnetic resonance imaging (magnetic resonance imaging) of the right shoulder, noting the worker had a magnetic resonance imaging of the shoulder on October 29, 2014 and the documentation did not contain significant deterioration of the

claimants condition to warrant a second MRI. The ACOEM Guidelines Shoulder Complaints and the ODG, Shoulder Chapter was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of a magnetic resonance imaging 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. Decision based on Non-MTUS Citation ODG, Shoulder, Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured workers working diagnoses are that is supposed to open reduction internal fixation of the fifth metatarsal joint fracture; and right shoulder impingement syndrome. Subjectively, the injured worker does not have a change in symptoms. There is pain with range of motion of the affected shoulder. Range of motion is full and associated with pain. Injured worker had a previous MRI in 2013. The QME in the medical record discussed the results of the MRI. The conclusion was right shoulder tendinitis and subacromial bursitis. There was no rotator cuff tear noted at that time. The documentation indicates there are no changes in the injured workers condition. The treating physician is requesting a repeat MRI right shoulder to rule out internal derangement. There has been no subsequent injury sustained to the right shoulder and there have been no new symptoms enumerated in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There are no significant changes in symptoms and/or objective clinical findings. Consequently, absent clinical documentation with a significant change in symptoms and objective signs, repeat MRI right shoulder is not medically necessary.