

<b>Case Number:</b>	CM15-0016604		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 51 year old male sustained an industrial injury to on 7/7/09 with subsequent ongoing right shoulder and low back pain. The injured worker underwent right shoulder arthroscopy with subacromial decompression and partial distal claviclectomy on 1/6/14. In a PR-2 date 12/3/14, the injured worker complained of right shoulder pain 7/10 on the visual analog scale, compensatory left shoulder pain 3/10 and 5/10 lumbar spine pain. Physical exam was remarkable for tenderness to palpation to right shoulder with limited range of motion, and normal lumbar spine range of motion with positive straight leg raise on the right. Current diagnoses included status post right shoulder surgery, rule out rotator cuff pathology right shoulder and rule out lumbar disc injury. The treatment plan included continuing Ibuprofen and Tramadol and continuing use of a lumbar spine orthotic. In an agreed medical examination dated 11/26/14, the orthopedic surgeon recommended further care to include analgesics, anti-inflammatories and local injections. In 1/14/15, Utilization Review noncertified a request for updated post -op MRI right shoulder without contrast and updated MRI lumbar spine without contrast noting lack of documentation of relevant clinical findings to indicate the need for the studies and citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated post -op MRI 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): 208. Decision based on Non-MTUS Citation Shoulder-MRI

**Decision rationale:** Updated post -op MRI right shoulder without contrast is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 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. The physical exam findings do not reveal a red flag condition or physical exam findings suggestive of significant change in findings. The request for an MRI of the right shoulder is not medically necessary.

**Updated MRI lumbar spine 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 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Low back- MRI

**Decision rationale:** Updated MRI lumbar spine without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, a red flag diagnoses or significant change in symptoms. The request for MRI of the lumbar spine is not medically necessary.

