

<b>Case Number:</b>	CM15-0017566		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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:

According to the Primary Treating Physician's Medical-Legal Supplemental Report dated 10/9/2014, this 53-year-old female sustained cumulative trauma work-related injury over a period of time and to numerous parts of her body, including the lumbar spine, on 2/1/2013. The diagnoses include status-post lumbar fusion with residual pain, right shoulder rotator cuff tear--s/p arthroscopy 7/31/14 and right elbow sprain/strain with lateral epicondylitis. She reports right shoulder pain and swelling as well as right elbow and low back pain. Previous treatments include medications, physical therapy, surgery, injections and acupuncture. The treating provider requests MRI of the right shoulder. The Utilization Review on 1/12/2015 non-certified the request for MRI of the right shoulder, citing ODG-TWC guidelines.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2015 Online Guidelines

**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 arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The indications 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. In this case, the injured worker's working diagnosis is right shoulder pain status post arthroscopic subacromial decompression. Subjectively, the injured worker is receiving physical therapy for weakness and loss of range of motion according to a November 17, 2014 progress note. The documentation does not state whether the injured worker completed the course of physical therapy. There is no documentation of any subsequent trauma postoperatively or any other time during the post injury. The progress notes from September 8 has conflicting entries regarding physical therapy. The injured worker had surgery on July 14, 2014. The documentation indicates the injured worker sustained an exacerbation or an aggravation of pain during physical therapy on a treatment machine. In the same progress note, the documentation states the injured worker has not received physical therapy to date. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The documentation does not contain evidence of a significant change in symptoms and or objective signs. There are no plain radiographs in the record as a result of the continued pain. Consequently, absent clinical documentation with a significant change in symptoms and/or signs, MRI right shoulder is not medically necessary.