

<b>Case Number:</b>	CM15-0111538		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 1, 2009. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for MRI imaging of the right shoulder. The claims administrator referenced a RFA form received on May 8, 2015 and an associated progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported 9/10 neck and shoulder pain. The applicant was described as having "disabling symptoms," suggesting that the applicant was not working. The applicant was apparently lying in bed at times secondary to pain, it was reported. The applicant did have comorbidities including diabetes; it was incidentally noted. The applicant had undergone earlier shoulder surgery, it was suggested. The applicant was severely obese, with BMI of 30. Limited neck and shoulder range of motion were noted, with right shoulder range of motion limited to 70 degrees of flexion and abduction. Earlier right shoulder MRI imaging of December 19, 2014 was notable for evidence of a previous rotator cuff surgery. Both shoulder and cervical MRI imaging were apparently ordered. The attending provider stated that the applicant was intent on avoiding further surgery. The attending provider suggested that the applicant's issues could be ameliorated through usage of injections. A TENS unit was also sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** No, the proposed right shoulder MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the progress note of April 30, 2015 acknowledged that the applicant was not, in fact, seemingly intent on pursuing any kind of surgical intervention involving the injured shoulder. The fact that shoulder and cervical spine MRI imaging were concurrently ordered reduced the likelihood of the applicant's acting on the results of either study and/or going on to consider surgical intervention involving either body part. The attending provider, furthermore, explicitly stated on April 30, 2015 that he believed the applicant's issues could be managed effectively through injection therapy, without further surgical intervention involving the injured shoulder. Pursuit of shoulder MRI imaging for what was described as academic evaluation purposes was not, thus, indicated here. Therefore, the request was not medically necessary.