

<b>Case Number:</b>	CM15-0115007		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Florida, 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:

This 29 year old male sustained an industrial injury to the right shoulder on 11/22/13. Magnetic resonance imaging right shoulder showed a labral tear with some impingement. Previous treatment included right shoulder arthroscopy with debridement and subacromial decompression (7/24/14), physical therapy, injections and medications. In an orthopedic evaluation dated 3/17/15, the injured worker complained of persistent right shoulder pain with popping, grinding, catching and decreased range of motion. Physical exam was remarkable for mild pain over the acromial joint but no pain with cross body adduction, decreased range of motion, positive Neer and Hawkin's tests and pain with O'Brien test. Current diagnoses included history of right shoulder arthroscopy and residual right shoulder pain with possible posterior labral tear. The physician recommended a repeat magnetic resonance imaging right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with Contrast for the Right Shoulder:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, under MRI.

**Decision rationale:** The MTUS was silent on shoulder MRI in post surgical, chronic settings. Regarding a shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. In this case, there are objective signs and symptoms post surgery that suggest continued internal orthopedic derangement. Specifically, there is persistent right shoulder pain with popping, grinding, catching and decreased range of motion. Physical exam was remarkable for mild pain over the acromial joint but no pain with cross body adduction, decreased range of motion, positive Neer and Hawkin's tests and pain with O'Brien test. There are sufficient suggestions of instability and possible continued tearing to warrant advanced imaging to direct if and what further treatment is needed. I would reverse this non-certification; the request is appropriately medically necessary.