

<b>Case Number:</b>	CM15-0118916		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/22/2004
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 66-year-old who has filed a claim for chronic neck, wrist, and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of February 22, 2004. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. A May 13, 2015 RFA form and an associated May 8, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported ongoing complaints of wrist, upper extremity, elbow, and shoulder pain. Diminished left shoulder range of motion with abduction and flexion in the 100- to 130-degree range was appreciated with positive signs of internal impingement. The applicant's medication list included Ambien, topical hydrocodone, Levoxyl, Tylenol, and vitamin D, it was reported. The applicant had had earlier MRI imaging of the shoulder in March 2007 demonstrating tendinopathy of the supraspinatus tendon with a surface partial tear of the supraspinatus tendon. The attending provider ordered x-rays of the left shoulder in the clinic which were negative for any significant arthritic process. X-rays of the forearm, elbow, and wrist were also ordered. Zorvolex, Ambien, acupuncture, and left shoulder MRI imaging were endorsed. The attending provider stated that the applicant continued to report difficulty reaching and lifting overhead secondary to ongoing left shoulder pain complaints. The applicant was having difficulty dressing herself owing to her shoulder. The attending provider stated that he would employ the proposed shoulder MRI to obtain "treatment direction." The requesting provider was an orthopedic shoulder surgeon, it was suggested.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

**Decision rationale:** Yes, the proposed shoulder MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9- 6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Here, the applicant had a known, partial thickness supraspinatus tendon tear, the requesting provider reported on his May 8, 2015 consultation. The attending provider stated that the applicant had ongoing issues with lifting and reaching overhead with affected left shoulder. The applicant exhibited diminished range of motion and positive provocative testing about the same. The attending provider stated that he would act on the results of the proposed shoulder MRI and use the results of the same to influence his treatment plan, strongly implying that the attending provider was intent on considering shoulder surgery if the results of the said shoulder MRI were positive. The requesting provider was an orthopedic shoulder surgeon, it was suggested, increasing the likelihood of the applicant's acting on the results of the shoulder MRI at issue. Therefore, the request was medically necessary.