

<b>Case Number:</b>	CM15-0123591		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 4/24/2010 to his right shoulder, aggravated by an initial injury to his left shoulder on 6/08/2011 while lifting a box. The injured worker was diagnosed as having pain of joint of shoulder, rotator cuff syndrome of shoulder and allied disorders, and shoulder region disorders, not elsewhere classified. Treatment to date has included diagnostics, right shoulder surgery in 2010, left shoulder surgery in 2011, mental health treatment, and medications. Currently, the injured worker complains of right shoulder pain, rated 4/10, with radiation to the neck and right arm with numbness/tingling and weakness. He has neck pain and decreased sensation on the left medial forearm. He stated that medications were helping and symptoms were adequately managed, but pain was documented as increased since his last visit. Medications included Pantoprazole, Tramadol, Lidopro ointment, Lunesta, Omeprazole, and Cyclobenzaprine. He was also receiving medication for a left shoulder industrial injury. His work status was modified and he was not working. The treatment plan included magnetic resonance imaging of the right shoulder to rule out any structural pathology that might require surgery and establish further recommendations regarding his treatment plan.

### 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 without Contrast: 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): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

**Decision rationale:** MRI of the 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 ; physiologic evidence of tissue insult or neurovascular dysfunction , 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 documentation is not clear that this is a pure shoulder disorder as the patient has neck pain with numbness and tingling. There are no new red flags or evidence that this is a significant change that would necessitate a shoulder MRI at this time, therefore this request is not medically necessary.