

<b>Case Number:</b>	CM15-0177827		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 40 year old female, who sustained an industrial injury on 6-24-2013. Medical records indicate the worker is undergoing treatment for right shoulder impingement. A recent progress report dated 7-7-2015, reported the injured worker complained of worsening right shoulder pain without improvement. Physical examination revealed right shoulder forward flexion from 0-170 degrees, external rotation was from 0-40 degrees and internal rotation was to thoracic 12. There was a positive Hawkins sign for impingement. Treatment to date has included the most recent magnetic resonance imaging was 4-4-2013-showed lumbar 4-sacral 1 disc bulge, physical therapy and medication management. The physician is requesting right shoulder magnetic resonance imaging. On 8-24-2015, the Utilization Review noncertified the request for a right shoulder magnetic resonance imaging. The treating physician is requesting an MRI to rule out rotator cuff tear.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 Shoulder Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the CA MTUS ACOEM shoulder chapter, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the injured worker sustained an injury in June 2013 and has exhausted conservative care. The injured worker remains symptomatic and has positive physical examination findings. The treating physician is requesting an MRI to rule out rotator cuff tear. Given the lack of benefit from conservative care and the current examination findings, the request for advanced imaging studies is supported. The request for MRI of the right shoulder is medically necessary and appropriate.