

<b>Case Number:</b>	CM15-0070722		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Florida

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 61 year old male who sustained an industrial injury on 9/13/2007. His diagnoses, and/or impressions, included: sprain/strains of the anterior cervical longitudinal ligament; displacement of cervical intervertebral disc without myelopathy; cervical radiculopathy; sprains/strains lumbar; displacement of lumbar intervertebral disc without myelopathy; sciatica; lumbar radiculopathy; sprains/strains of the shoulder and upper arm; right shoulder rotator cuff syndrome; and insomnia. No current magnetic resonance imaging studies are noted. His treatments have included right shoulder arthroscopy x 2 with manipulation under anesthesia (2012); physical therapy; injection therapy; ice/heat therapy; rest; urine toxicology screens; and medication management. Progress notes of 11/17/2014 reported moderate-severe right shoulder pain; significant pain with flexion and abduction; pain with extension and external rotation; and tested positive for right shoulder impingement. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the right shoulder for the purpose of further visualization of soft tissue structures, including ligaments, tendons, capsule, and cartilage, based on the history of trauma and due to failing to respond to conservative treatment measures.

### 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 65, 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder - Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special imaging studies, shoulder complaints Page(s): 207-208.

**Decision rationale:** MTUS guidelines recommend advanced imaging studies in cases where patients have failed conservative measures, and surgical intervention is being considered. This patient's orthopedic surgeon is requesting an updated MRI of the right shoulder as he states that the patient has failed conservative measures and may be a candidate for further surgical intervention. This request is perfectly reasonable, and is considered medically necessary.