

<b>Case Number:</b>	CM15-0074310		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 46-year-old female who sustained an industrial injury on 04/04/2011. She reported shoulder pain in both shoulders with pain in the neck and low back. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration, sprain of neck, sprain of shoulder and arm. Treatment to date has included Tramadol for pain. The injured worker has had cortisone shots to the right shoulder 12/17/2014 with only temporary relief. Currently, the injured worker complains of pain in the right shoulder and lower back region with right leg pain. On exam, there is limited shoulder ROM with positive impingement testing. A MRI of the right shoulder is requested. On 04/01/2015, the Utilization Review agency denied the MRI Right Shoulder citing Official Disability Guidelines (ODG), Shoulder, MRI and lack of red flags.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, the patient has longstanding shoulder pain despite conservative treatment including corticosteroid injections. Current exam findings are significant for limited shoulder ROM and positive impingement testing. In light of the above, the currently requested shoulder MRI is medically necessary.