

<b>Case Number:</b>	CM15-0075927		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Indiana

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 injured worker is a 69-year-old female who sustained an industrial injury on July 21, 2013. She has reported injury to the right knee and right shoulder and has been diagnosed with right lateral meniscus tear, right shoulder rotator cuff tear large, right shoulder possible intratendinous lipoma, and right shoulder mild glenohumeral arthritis. Treatment has included physical therapy, modified work duty, and medical imaging. Currently the right knee examination showed tenderness to palpation at the lateral joint line with a small effusion. There was normal light touch median, ulnar, radial, lateral radial, axillary nerve distribution. There was normal light touch deep peroneal, superficial peroneal, sural, saphenous, tibial nerve distribution. The treatment request included physical therapy of the right knee and right shoulder.

### 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:** 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): 207-213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** ACOEM states Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, 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). ODG states Indications for imaging Magnetic resonance imaging (MRI): 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. (Mays, 2008) The treating physician would like a repeat MRI for a rotator cuff injury. However, there is no justification as to why a repeat MRI is needed for this rotator cuff tear, as there is nothing in the documentation showing an acute change. None of the above criteria are met. Therefore, the request is not medically necessary.