

<b>Case Number:</b>	CM13-0004009		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier left distal biceps tendon reconstruction surgery; and x-rays of the injured shoulder, reportedly negative for fracture. In a Utilization Review Report of July 10, 2013, the claims administrator denied a request for shoulder MRI imaging, citing a lack of supporting information. The claims administrator cited rationale consistent with non-MTUS ODG Guidelines but did reference ACOEM. The applicant's attorney subsequently appealed. A progress note of January 29, 2014 was notable for comments that the applicant reported persistent shoulder and elbow pain, exacerbated by abduction or any other form of motion. The applicant has very little active abduction and also exhibited a significant loss of muscle mass about the shoulder. It was stated that the applicant has not been adequately worked up for his shoulder. MRI imaging to more clearly delineate the extent of the applicant's shoulder issues was endorsed. On March 8, 2013, it was stated that the applicant had ongoing issues with constant shoulder pain. It was stated that the applicant was not working and last worked in September 2011. It was stated that the applicant had had MRI imaging of the elbow demonstrating near full-thickness distal biceps tendon ruptures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF LEFT SHOULDER WITH CONTRAST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, SHOULDER COMPLAINTS, 561-563

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 208.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, MRI imaging may be considered in applicants whose limitations due to consistent symptoms have persisted for a month or more. In this case, the attending provider has seemingly posited that the applicant has longstanding shoulder complaints. The applicant apparently has visual deformation of the biceps muscle, possibly consistent with his earlier biceps tendon repair surgery. He apparently has a history of shoulder instability and has loss of good muscle strength and muscle mass about the injured shoulder. MRI imaging to more clearly delineate the extent of the same is indicated, given the failure of non-operative treatments insofar as the affected shoulder is concerned. Therefore, the request is certified, on Independent Medical Review.