

<b>Case Number:</b>	CM13-0029969		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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:

This patient is a 56-year-old female with a reported date of injury of 06/02/2011. The mechanism of injury is described as being awakened by a clock radio alarm while sleeping in a hotel, noting smoke coming from underneath the pillow, and having to pull the bed away from the wall to investigate the source of the smoke and developing neck and bilateral shoulder pain going down both arms to her hands. MRI of the left shoulder was obtained on 12/05/2013 revealing supraspinatus tendinosis and intrasubstance insertional partial tearing and mild infraspinatus insertional tendinosis. There was subscapularis tendinosis and partial tearing and there was superior labral degeneration and fraying without evidence of a displaced tear. She also had moderate acromioclavicular osteoarthritis. Physical exam on 05/15/2013 revealed tenderness at the AC joint and bicipital groove with impingement sign being positive and O'Brien's test and Speed's test were positive. She had pain and weakness with abduction testing. Physical exam on 05/15/2013 revealed the shoulders were symmetrical without atrophy. In 06/2013, physical exam revealed tenderness to the left shoulder at the AC joint but not the bicipital groove or greater tuberosity. Range of motion was 180 degrees. She had pain and weakness with abduction and strength testing and impingement sign was mildly positive. Anterior and posterior apprehension signs and sulcus test were negative, biceps were symmetrical, and O'Brien's test was positive. Motor and sensory were normal. X-rays of the left shoulder demonstrated a type 2 acromion with degenerative changes of the AC joint and an eyebrow sign. The MRI of the left shoulder was reviewed at that time. She was seen back in clinic on 10/07/2013 and again the shoulders were symmetrical without atrophy. She was seen back in clinic on 10/23/2013 and had scheduled surgery for the right shoulder at that time. Diagnoses included right rotator cuff tear and AC joint arthrosis, st

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat left shoulder magnetic resonance imaging (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, magnetic resonance imaging (MRI) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, repeat MRI.

**Decision rationale:** The Physician Reviewer's decision rationale: MTUS/ACOEM, chapter 9 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, shoulder chapter, in support of MTUS/ACOEM, states, that in regards to repeat MRIs of the shoulder, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The records submitted for this review indicate this claimant was last seen on 10/23/2013, at which time she was scheduling surgery for the right shoulder. The records indicate she has had an MRI of the left shoulder in 2012 and the records do not indicate that she has had significant change in physical status and physical exam since that time. The records do not indicate she has had significant change in her symptoms to indicate this procedure is medically necessary. The records do not indicate there is emergence of red flags or the most recent physical note does not indicate psychological evidence of a tissue insult or neurovascular dysfunction to warrant this level of imaging. Therefore, this request for repeat left shoulder MRI is not considered medically necessary and is non-certified.