

<b>Case Number:</b>	CM13-0033249		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/19/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine & Rehabilitation 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 patient is a 57 year old male who was injured on 02/19/2006. Mechanism of injury is unknown. Prior treatment history has included intralaminar epidural steroid injection at C7-T1 dated 02/14/2013. Diagnostic studies reviewed include MRI of the brachial plexus with and without contrast dated 07/05/2013 which revealed no evidence of left sided thoracic outlet syndrome. The left brachial plexus subclavian artery and subclavian vein appear within normal limits. There is no MRI evidence of left supraclavicular fossa edema or abnormal mass. Progress report dated 08/02/2013 documented the patient had complained of left shoulder pain and increase in symptoms with his right shoulder due to overuse of the right upper extremity. He has increasing dysfunction and is not able to reach above the shoulder level with his left arm and is having pain at night and difficulty reaching. Objective findings on exam revealed the left shoulder forward elevation is 80 degrees, external rotation 30 degrees and internal rotation to L4. He has swelling above the left shoulder supraclavicular region. His rotator cuff strength is 5/5 except for his lift-off and belly test which are markedly positive. Diagnoses include left shoulder traumatic arthritis, left shoulder posterior glenohumeral joint traumatic instability, and left shoulder subclavicular pain of unknown etiology. Utilization report dated 08/26/2013 did not certify the request for left shoulder MRI due to the prior utilization review which revealed the records that were reviewed did not establish the need for another MRI. There is no evidence that MRI dated 07/05/2013 is an insufficient study or the patient had recent progression of his condition to necessitate another diagnostic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 207-209.

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

**Decision rationale:** According to the MTUS guidelines, special studies are not indicated unless a four to six week period of conservative management failed to improve symptoms. Cases of shoulder pain due to rotator cuff pathology or DJD are managed the same, provided red flag symptoms are ruled out. Primary criteria for imaging studies of the shoulder are: Red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. In this case, the above criteria are not met and thus the medical necessity of the requested service cannot be established. The request for MRI of the left shoulder is not medically necessary and appropriate.