

<b>Case Number:</b>	CM13-0034555		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 former laborer who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with cumulative trauma at work between the dates of January 21, 2012 through January 25, 2013. An August 15, 2013 progress note is notable for comments that the applicant reported multifocal 5-8/10 neck, back, and bilateral shoulder pain. The applicant is on Motrin, Flexeril, and Tylenol. The applicant exhibited upper extremity strength ranging from 4-5/5. Shoulder abduction strength was 4/5 bilaterally. The applicant had positive signs of internal impingement bilaterally with a positive drop arm test on the left, it was stated. MRI imaging of the bilateral shoulders was endorsed to rule out rotator cuff tear. A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider suggested that the applicant's employer was unable to accommodate said limitations. An earlier note dated March 6, 2013 was notable for comments that the applicant reported multifocal upper back and mid back pain. The applicant attributed his symptoms to cumulative trauma at work, it was stated. The applicant exhibited painful range of motion about the shoulders, it was suggested, although the documentation was contradictory as some sections suggested that the applicant's range of motion was pain-free while other sections suggested that the applicant's range of motion was limited. No actual measurements were provided on that occasion. On April 11, 2013, the applicant was described as exhibiting 4/5 left shoulder strength with ongoing complaints of shoulder pain and positive signs of internal impingement about the shoulders. Left shoulder flexion was limited to 130 degrees with right shoulder flexion to 140 degrees. The attending provider stated that there were clinical findings about the left shoulder which were suggestive of rotator cuff tear after earlier completion of 18 sessions of physical therapy. The remainder of the file was surveyed. There was no evidence that the applicant in fact underwent the contested MRIs in question at any point in time.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214 & Table 9-6.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In this case, the applicant has ongoing signs and symptoms of internal derangement of the shoulder, including positive signs of internal impingement, limited shoulder range of motion with flexion in the 130- to 140-degree range bilaterally, and shoulder weakness appreciated on multiple office visits, referenced above. The attending provider has posited that the applicant has failed 18 sessions of earlier conservative treatment. The applicant has failed to return to work. It was stated that the applicant could consider a more definitive surgical treatment, pending the outcome of the contested MRI in question. Therefore, the request for MRI right shoulder is medically necessary and appropriate.

**MRI LEFT SHOULDER:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214 & Table 9-6.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In this case, the attending provider has seemingly posited that the applicant in fact carries a diagnosis of rotator cuff tear which is proven recalcitrant to conservative treatment in the form of time, medications, physical therapy, transfer of care to and from various providers in various specialties, etc. Significant signs and symptoms of internal derangement of the shoulder remain evident, including weakness and limited range of motion. It is suggested that the applicant would act on the results of the MRI study in question and would consider a surgical remedy, were it be positive. Therefore, the request for MRI left shoulder is medically necessary and appropriate.