

<b>Case Number:</b>	CM13-0042191		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 and 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 62 year-old male who sustained an injury on August 23, 2010 while employed by [REDACTED]. The request under consideration includes an MRI of the left shoulder. A previous MRI of the left shoulder on July 3, 2012 revealed a complete tear of the supraspinatus tendon with a 2mm tendinous retraction, AC osteoarthritis, infraspinatus tendinitis and fluid within the anterior recess. A report from August 8, 2013 noted that the patient had complaints of cervical spine and left shoulder pain. The patient was attending therapy with modalities with three (3) syncopal episodes while attending physical therapy. Exam of the cervical spine noted tenderness over the paracervical area; range in flex/ext/rotation of 50/54/70; left shoulder with positive dpression test and negative cervical distraction test; left shoulder tenderness over rotator cuff and trapezius muscle; range in flex/ext/abd/add/IR/ER were 176/50/170/45/86/80 degrees with positive impingement sign and negative apprehension test. Diagnoses included cervical strain/sprain, multi-level cervical spine disc disease; thoracic spine sprain/strain with associated spasm and adhesive capsulitis. Physical therapy and an orthopedic evaluation were recommended. A report from September 5, 2013 showed essentially unchanged complaints and clinical findings. A report from September 18, 2013 from the provider noted that left shoulder pain goes up and down. He has had six (6) therapy sessions which did not help and was taking medications. An intra-articular cortisone injection with ultrasound guidance was given to reduce pain and tenderness. The provider recommended continued physical therapy and a possible MRI of the left shoulder if cortisone did not give pain relief. Prescriptions of Dyotin, Theraflex cream and Bio-therm were provided. The request for a repeat MRI of left shoulder was non-certified on October 4, 2013 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient has had an MRI of the left shoulder with defined pathology. Current symptom complaints have remained the same without acute change or new red-flag conditions with essentially unchanged clinical findings. According to the Californis MTUS Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the repeat imaging diagnostic study, medical necessity for the left shoulder MRI has not been established. Therefore, the request is not medically necessary and appropriate