

<b>Case Number:</b>	CM13-0042913		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Orthopedic Surgeon and is licensed to practice in Georgia and Texas. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 52-year-old male who reported an injury on 02/22/2010 after he moved a safety pole, which reportedly caused injury to his left shoulder and low back. The patient ultimately underwent left shoulder arthroscopy with subacromial decompression and rotator cuff repair in 10/2012. The patient was treated postoperatively with physical therapy, a home exercise program, and medications. The patient's most recent clinical evaluation documented that they had 7/10 pain of the left shoulder, and that it was increased with overhead activities. Physical findings included limited range of motion of the left shoulder, described as 90 degrees in flexion, 25 degrees in extension, 90 degrees in abduction, 30 degrees in adduction, 35 degrees in internal rotation, and 40 degrees in external rotation. The patient had a positive Hawkins' and Neer's sign with supraspinatus strength rated at a 4/5. The patient's diagnoses included status post left shoulder arthroscopy, adhesive capsulitis, and rule out recurrent tear of the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER MAGNETIC RESONANCE IMAGING (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The requested Left shoulder magnetic resonance imaging (MRI) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for the shoulder when the patients have evidence of a lesion that would benefit from surgical intervention and have failed to respond to a period of conservative treatment, or in preparation for surgical intervention. The clinical documentation submitted for review does not indicate that the patient is a surgical candidate at this time. There is no documentation that the patient has received any recent supervised skilled therapy for the suspected recurrent tear. While the clinical documentation submitted for review does indicate that the patient has significant pain complaints in spite of medication management and a home exercise program, there was no documentation that the patient has failed all conservative treatments for this re-injury. As such, the requested Left shoulder magnetic resonance imaging (MRI) is not medically necessary or appropriate.