

<b>Case Number:</b>	CM13-0056809		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 61-year-old female with date of injury of 07/18/2012. The listed diagnoses per [REDACTED] dated 09/25/2013 include left proximal humerus fracture dislocation, Arthrofibrosis, and intermittent numbness and tingling of the left arm. According to progress report dated 09/25/2013 by [REDACTED], the patient presents with tingling in her left arm where it falls asleep. She is now a little over 1 year out from an open reduction and internal fixation of left proximal humerus fracture dislocation and 4 months out from manipulation under anesthesia for arthrofibrosis. She is currently not in physical therapy and is doing exercises on her own. Physical examination shows the left shoulder has some mild tenderness in the surgical site. Passively, her shoulders are able to be flexed forward to 140 degrees, externally rotated 60 degrees and internally rotated 50 degrees. Her supraspinatus strength is decreased with some mild pain. She is neurovascularly intact distally. The treater is requesting an MRI of any joint of the upper extremity without contrast materials.â¿¿

### 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, Treatment Index, 11th Edition (web), 2013, Shoulder- Arthrography: MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** The ACOEM Guidelines has the following regarding shoulder MRIs, "Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a shoulder condition or referred pain." The ACOEM Guidelines' primary criteria for ordering imaging studies include: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in strengthening program, and clarification of the anatomy prior to an invasive procedure. The medical records provided for review indicate that the patient had MRIs on 04/16/2013 and 06/11/2013. A progress report dated 09/25/2013 by ■■■■■ shows that the patient is able to "forward flex her shoulders to 140 degrees, externally rotate to 60 degrees, and internally rotate to 50 degrees. She is also neurovascularly intact distally." There does not appear to be any red flag, progressive weakness or neurologic deficit. The reports also document the patient's ability to do home exercises. While the patient continues to have significant pain on the left shoulder, the patient already had 2 MRIs in 2013. It is not clear why another set of MRI's are requested. Given the lack of neurologic deficit, red flags or further surgical planning, another MRI does not appear indicated. The request is not medically necessary and appropriate.