

<b>Case Number:</b>	CM13-0058530		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Occupation 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 patient is a 43 year old female who was injured on 10/08/2011 while sorting clothes on the sorting machine when she felt a sharp pain to her left shoulder with radiation into the left arm. She was giving medications for pain and a few sessions of physical therapy. Diagnostic studies reviewed include x-rays of the left shoulder performed 09/27/2013 which revealed slight degenerative osteoarthritis of the AC joint. There was no evidence for significant degenerative change at the left shoulder glenohumeral joint. MRI of the left shoulder performed 12/10/2013 revealed no frank rotator cuff tears, supraspinatus tendinosis; a small anterosuperior labrum with a prominent glenohumeral ligament. Initial comprehensive Report dated 10/23/2013 showed the patient complained of sharp pain over the shoulder region that radiated to her left upper arm. She also complains of tingling and weakness in her left shoulder which increases with repetitive movement of the left arm. She stated pain medication partially helps with the pain. Physical examination of the left shoulder shows tenderness to palpation of the superior and posterior aspect of the shoulder girdle and deltoid muscle. Range of motion was slightly decreased in flexion and abduction. Muscle strength was 5/5 in the major muscle groups of the left shoulder and 5/5 in the right upper extremity. There were no sensory deficits noted on examination of the upper extremities. Recommendations were made for a MRI of the left shoulder to rule out pathology and a course of physical therapy to increase range of motion and increase function of the left shoulder. No prior records for the left shoulder were available. All of the records pertain to the lumbar spine.

### 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:** Decision based on MTUS ACOEM Page(s): 561-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient was seen for complaints of the left shoulder on 10/23/2013, at which time examination demonstrated slight reduction in flexion and abduction, tenderness, 5/5 motor strength, and no neurological deficits. Recommendation was made for an MRI of the left shoulder. However the physical examination findings did not substantiate the existence of potential pathology for which an MRI would be warranted. There is no mention of acute trauma, examination did not support suspicion of RCT/Impingement and her plain films showed DJD, also examination did not suggest instability/labral tear. In addition, there is no mention of physical therapy or other conservative interventions. An MRI of the left shoulder was performed was 12/10/2013 which revealed no frank rotator cuff tears, supraspinatus tendinosis; a small anterosuperior labrum tear with a prominent glenohumeral ligament. There is no medical justification for repeat MRI of the left shoulder, in the absence of evidence of significant change in the patient's clinical presentation suggestive of significant pathology. Medical necessity for MRI of the left shoulder has not been established and is non-certified.