

<b>Case Number:</b>	CM14-0000623		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 8/23/10. A utilization review determination dated 12/23/13 recommends non-certification of a left shoulder MRI (magnetic resonance imaging). On 12/4/13, medical report identifies shoulder pain 2/10 when walking or lifting objects, at times with numbness in the fingertips. On exam, there is anterior tenderness and weakness with internal and external rotation. X-rays show mild increased spurring of the left acromion. Recommendation was made for an MRI of the left shoulder to rule out a possible rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI JOINT UPPER EXTREMITIES WITHOUT DYE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** Regarding the request for MRI (magnetic resonance imaging) joint upper extremities without dye, this is noted to be for the left shoulder. The CA MTUS and ACOEM

support imaging for indications such as when there is physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines (ODG) recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is a history of rotator cuff repair and extensive postoperative physical therapy (PT). The patient has persistent pain with tenderness and weakness on exam, and radiographs are non-diagnostic. The provider wishes to rule out a rotator cuff tear. In light of the above, the currently requested MRI is medically necessary.