

<b>Case Number:</b>	CM14-0004860		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery, and is licensed to practice in 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 injured worker is a 56 year old female injured on 10/25/12 while she was lifting a machine and strained her left shoulder. Current diagnoses include cervical spine strain, and cervical radiculopathy rule out disc herniation. Previous treatments included a sling, ice therapy, physical therapy, injections to the left shoulder on 04/24/13, and medication management including Anaprox and Tramadol. The injured worker was status post left shoulder arthroscopic repair on 09/03/13 followed by eight physical therapy sessions. A clinical note dated 12/11/13 indicated the injured worker presented complaining of sharp, stabbing pain to the neck, right shoulder, bilateral elbows, wrists, mid back, low back, knees, and ankles. The injured worker also reported anxiety, stress, and depression. The injured worker reported symptoms persisted but medications offered temporary pain relief and provided her the ability to have restful sleep. Physical examination of the patient's shoulders revealed crepitus with range of motion, +2 tenderness at glenohumeral joint, supraspinatus muscles, tendon attachment sites, acromioclavicular joint, and subacromial space bilaterally. Tenderness to palpation at the rotator cuff tendon attachment sites on the left, positive Neer impingement sign, Apley scratch, and supraspinatus orthopedic test signs were noted bilaterally. Examination revealed diminished sensation to pin prick and light touch over C7 and C8 dermatomes in addition to L5 and S1 dermatomes bilaterally. Current medications included Deprizine Dicopanlol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream.

### 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 MTUS: ACOEM, CHAPTER 9,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9)

**Decision rationale:** ACOEM Guidelines indicate the use of MRIs for acute shoulder trauma with suspected rotator cuff tear/impingement in patients over the age of 40 with normal plain radiographs and subacute shoulder pain with suspected instability/labral tear. Repeat MRIs are not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The medical records provided for review indicated the injured worker previously underwent left shoulder surgery on 09/03/13. Objective clinical findings for the bilateral shoulders revealed minimal information pertaining to the left. Additionally, the clinical documentation was three months post-operative which limited the ability to appropriately assess the injured worker's status due to a lack of appropriate healing time. As such, the request for an MRI of the left shoulder is not medically necessary and appropriate.