

<b>Case Number:</b>	CM14-0005567		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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:

According to the records made available for review, this is a 35-year-old male with a 7/2/13 date of injury. At the time (12/24/13) of request for authorization for MRI joint upper extremity without dye, there is documentation of subjective (left shoulder painful, pain at night, associated popping and catching; and pain exacerbated by raising the left arm; pain with overhead use and reaching sideways on forward) and objective (left shoulder mild tenderness along the bicipital groove and AC joint, FF 180, abduction 180, adduction 45, IR thumb to T10, mild impingement above the shoulder level on the left, palpable and audible popping) findings, imaging findings (reported x-rays revealed no fracture), current diagnoses (impingement, left shoulder), and treatment to date (physical therapy and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 214.

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria

necessary to support the medical necessity of shoulder MRI. The Official Disability Guidelines (ODG) identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnosis of impingement, left shoulder. In addition, there is documentation of subjective/objective findings consistent with impingement and normal plain radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI joint upper extremity without dye is medically necessary.