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| <b>Case Number:</b>   | CM14-0008899 |                              |            |
| <b>Date Assigned:</b> | 03/24/2014   | <b>Date of Injury:</b>       | 08/28/2013 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 01/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2014 |

### 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 Occupational 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:

According to the records made available for review, this is a 52-year-old male with an 8/28/13 date of injury, and status post unspecified left shoulder surgery 12/2/13. At the time (1/9/14) of request for authorization for MRI of bilateral shoulders, there is documentation of subjective (bilateral shoulder pain) and objective (bilateral shoulder pain and tenderness in the levator scapular region, tenderness in the shoulder girdles, internal rotation and forward flexion does reproduce some signs of instability; limited range of motion and weakness in the left shoulder) findings, current diagnoses (rule out internal derangement bilateral shoulders and status post left shoulder surgery), and treatment to date (medications, activity modification, and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF BILATERAL SHOULDERS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**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 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 diagnoses of rule out internal derangement bilateral shoulders and status post left shoulder surgery. In addition, there is documentation of suspected instability. Therefore, based on guidelines and a review of the evidence, the request for MRI of bilateral shoulders is medically necessary.