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| <b>Case Number:</b>   | CM14-0009539 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 04/11/2013 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <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 Physical Medicine and Rehabilitation, 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 56-year-old male with a 4/11/13 date of injury. His subjective complaints include pain in the bilateral shoulders, and objective findings include hypertrophic changes of the acromioclavicular joint in the right shoulder with tenderness, tenderness of the subacromial region and in the direction of the rotator cuff, abduction to 120 degrees, internal rotation is to 30 degrees, and impingement sign is positive. The left shoulder has tenderness of the subacromial region, abduction is to 135 degrees, internal rotation is to 40 degrees, and impingement sign is positive. The current diagnoses are impingement syndrome with tendinitis at the right shoulder and impingement syndrome at the left shoulder, and treatment to date has been corticosteroid injections to the shoulders and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) FOR 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, 207-209

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , SHOULDER COMPLAINTS , 214

**Decision rationale:** The ACOEM Guidelines state that an MRI of the shoulder may be recommended with documentation of a preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. The Official Disability Guidelines state that an MRI of the shoulder may be recommended with documentation of acute shoulder trauma, suspicion of rotator cuff tear/impingement, being over age 40, having taken normal plain radiographs, having subacute shoulder pain, or having the suspicion of instability/labral tear. Within the medical information available for review, there is documentation of a diagnosis of impingement syndrome at the left shoulder. In addition, there is documentation of suspected impingement and over age 40. However, there is no documentation of normal plain radiographs. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**MAGNETIC RESONANCE IMAGING (MRI) FOR THE RIGHT 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, 207-209

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), SHOULDER COMPLAINTS , 214

**Decision rationale:** The ACOEM Guidelines state that an MRI of the shoulder may be recommended with documentation of a preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. The Official Disability Guidelines state that an MRI of the shoulder may be recommended with documentation of acute shoulder trauma, suspicion of rotator cuff tear/impingement, being over age 40, having taken normal plain radiographs, having subacute shoulder pain, or having the suspicion of instability/labral tear. Within the medical information available for review, there is documentation of a diagnosis of impingement syndrome at the left shoulder. In addition, there is documentation of suspected impingement and over age 40. However, there is no documentation of normal plain radiographs. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.