

<b>Case Number:</b>	CM14-0111638		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Interventional Spine 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 54-year-old male with a date of injury of 06/11/2013. According to progress report dated 05/27/2014, the patient presents with worsening of low back pain that radiates into the right buttock and back of the legs with a "heavy numb sensation." Patient rates his pain as 8/10 on a pain scale. The patient also describes left arm pain and states that he cannot raise his arm at or above shoulder height. He describes a "crampy sensation in his arm." Examination of the left upper extremity revealed lateral abduct 140 degrees, full forward flex 140 degrees, extend 30 degrees, internal and external rotation 30 degrees with positive impingement sign. Palpation revealed a small palpable lump in the distal lateral aspect of the biceps tendon, which caused pain. The listed diagnoses are: 1. Lumbar sprain/strain with disk herniation at L3 to S1, most specific at L4 to L5 level impinging the left L5 nerve root. 2. Left shoulder pain, possible torn distal bicep muscles. 3. Rectal bleeding related to NSAID use with history of hemorrhoids. The treater requests authorization for MRI of the left shoulder to rule out internal derangement. Utilization review denied the request on 06/19/2014. Treatment reports from 04/21/2013 through 05/27/2014 were provided for review.

### 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:** 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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** This patient presents with left shoulder and low back pain. The current request is for MRI of the left shoulder to "rule out internal derangement and to see if there is a possibility that the patient might have a biceps tendon tear." ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines supports an MRI of shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. Review of the medical file does not indicate that the patient has had an MRI of the left shoulder. There appears to be some evidence for rotator cuff pathology as there was a positive impingement sign upon examination and a small palpable lump in the distal lateral aspect of the biceps tendon. Given the patient's continued pain, examination findings, radicular symptoms, and decreased range of motion, an MRI of the left shoulder appears reasonable. The request is medically necessary.