

<b>Case Number:</b>	CM14-0115499		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 52-year-old male with a 4-23-2013 date of injury. A specific mechanism of injury was not described. The 6/23/14 determination was modified. Certification was rendered for physical therapy and non-certification was given for a left shoulder MRI. Reasons for non-certification include that the patient previously underwent a shoulder MRI on 7/16/13 and did not appear that the patient had deterioration in her condition which would warrant a repeat study. The 6/11/14 progress report revealed improved neck pain and left shoulder pain. Examination of the shoulder revealed 160 degrees of abduction and flexion, 10 degrees of external and internal rotation, and positive impingement sign. Diagnosis for the left shoulder includes impingement, rule out rotator cuff tear. The 4/17/14, 4/7/14, 2/5/14, 12/19/13 medical reports did not address the left shoulder. The 10/9/13 progress report identified left shoulder 160 degrees of abduction and negative impingement sign. The 8/22/13 progress report identifies 160 degrees of abduction and positive impingement sign. The 7/15/13 left shoulder MRI report revealed moderate supraspinatus tendinosis, no rotator cuff tear, question of possible calcium deposit along the distal fibers of the infraspinatus tendon, degenerative appearance of the superior posterior labrum, no labra tear, moderate AC joint arthrosis, and Type II acromion with narrowed subacromial space. Records indicated that the patient underwent a C5-6 and C6-7 ACDF (anterior cervical discectomy and fusion) on 4/7/14.

### 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 208 and on the Non-MTUS Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient underwent an MRI on July 2013 with findings suggestive of impingement. No rotator cuff tear was seen. The patient's findings documented in several reports have not changed. There are several reports that do not address the shoulder, as it appears that the attention was focused on the cervical spine which lead to a cervical decompression and fusion in April 2014. There was no indication that the patient had conservative treatment directly targeting the shoulder complaints or a rationale indicating why a shoulder MRI was required at the time of the request, in light of no change in the patient's symptoms/findings and no documentation of failure of conservative treatment. Therefore, the request for MRI of the left shoulder is not medically necessary.