

<b>Case Number:</b>	CM14-0117325		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 & 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 51 year-old female with the date of injury of 12/23/2013. The patient presents with pain in neck and shoulders. There is tenderness over paravertebral muscles and the upper trapezius. There is no tenderness in the interscapular/ dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles. According to [REDACTED] report on 06/03/2014, diagnostic impressions are: 1) Fracture left elbow, by history. 2) Rule out internal derangement syndrome. 3) Left shoulder impingement syndrome. 4) Cervical spine myoligamentous sprain/ strain. 5) Lumbar spine myoligamentous sprain/strain. 6) Lumbar radiculitis. [REDACTED] requested for MRI of her left shoulder to evaluate for labral and rotator cuff tear. The utilization review determination being challenged is on 06/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/24/2013 to 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): pp207-208).

**Decision rationale:** The patient presents with pain in his shoulders, left worse than right. The request is for MRI of the left shoulder to evaluate for labral & rotator cuff tear. Review of the reports does not show that the patient has had a previous MRI of the left shoulder. MUTS guidelines do not discuss MRIs. ACOEM guidelines do not recommend MRIs unless there is a red flag noted on history, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. [REDACTED] report on 06/03/2014 indicates that "the patient is having more severe left shoulder pain with findings of internal derangement/labral tear, as well impingement syndrome. There are "red flag" on examination." [REDACTED] test on 06/03/2014 reveals that impingement test and Hawkins test are positive, and Drop Arm test and Droop test are negative. Therefore MRI Left Shoulder is medically necessary and appropriate.