

<b>Case Number:</b>	CM14-0124799		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Family 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:

This is a 46 year old female with a 7/31/12 injury date. The mechanism of injury is not provided. In a 6/25/14 follow-up, subjective complaints included continued left shoulder pain with a little worsening over the last 6 weeks. Objective findings included decreased ROM of the left shoulder compared to the right with slight crepitus and scapular popping. Forward flexion was 160 degrees, abduction was 90 degrees, and external rotation was 80 degrees. The patient declined further steroid injections. A left shoulder MRI in Oct. 2013 showed a partial thickness re-tear of the rotator cuff. Diagnostic impression: left frozen shoulder s/p rotator cuff repair. Treatment to date: left shoulder rotator cuff repair (Dec. 2012), corticosteroid injections, physical therapy, medications. A UR decision on 7/3/14 denied the request for left shoulder MRI on the basis that there is no new information since the last MRI to suggest medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

**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 criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In the present case, there is no new clinical information since the last MRI that would warrant a repeat study. It is already clear from the prior study that the patient likely has a partial thickness rotator cuff tear, and MRI is not of much value in the diagnosis of frozen shoulder. Therefore, the request for MRI left shoulder is not medically necessary.