

<b>Case Number:</b>	CM14-0135338		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old female who reported injury on 12/26/2011. The mechanism of injury was not provided within the medical records. Clinical note dated 07/23/2014, indicated diagnosis of rotator cuff tear. The injured worker reported pain to the shoulder and stiffness to the shoulder. The injured worker reported she continued to have nighttime pain. The injured worker reported she used the left arm more due to the weakness and limitations of the right shoulder. On physical examination of the left shoulder, flexion was 40 degrees, extension was 40 degrees, abduction was 140 degrees, adduction was 30 degrees, internal rotation was 60 degrees, and external rotation was 40 degrees. The injured worker's treatment plan included continued physical therapy and follow-up appointment in 1 month. The injured worker's prior treatments included diagnostic imaging and physical therapy. The provider submitted a request for MRI of the left shoulder. Request for Authorization was submitted 07/28/2014 for MRI of the left shoulder; however, rationale was not 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
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**Decision rationale:** The request for MRI of the left shoulder is not medically necessary. The CA MTUS/ACOEM guidelines recommend a MRI if the injured worker's shoulders if there is a physical examination demonstrating rotator cuff tear, labral tears and adhesive capsulitis. The documentation submitted did not demonstrate the injured worker was at risk for rotator cuff tear, labral tears, or adhesive capsulitis. In addition, there is lack of evidence of exhaustion of conservative therapy such as physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs). Therefore, the request for MRI of the left shoulder is not medically necessary.