

<b>Case Number:</b>	CM14-0138449		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal 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:

The patient is an injured worker with right shoulder musculoligamentous sprain and strain. Date of injury was 02-08-2013. Agreed medical examiner's (AME) report dated February 25, 2014 provided a case summary. Subjective complaints included right shoulder pain. Physical examination demonstrate normal 5/5 motor strength in bilateral upper extremities. Right shoulder tenderness was noted. Right shoulder range of motion measurements were abduction 150, adduction 30, forward flexion 150, extension 30, internal rotation 60, and external rotation 80. X-rays of the right shoulder revealed normal overall bony alignment, no fracture or dislocation, and joint spaces are well-maintained. A Type II acromion is noted. Impression was reported as essentially negative right shoulder. MRI of the cervical spine performed 7/15/13 reported an impression of a negative study, with cervical discs of normal size, configuration, and signal intensity with no evidence of protrusion or bulge. The diagnosis was musculoligamentous sprain/strain of the right shoulder. The agreed medical examiner's impression was that the patient's right shoulder had stabilized. The patient's right shoulder pain was characterized as being constant and slight in nature. MRI of the right shoulder was requested. Utilization review determination date was 8/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder without contrast:** Upheld

**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): 209-212.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. The agreed medical examiner's (AME) report dated February 25, 2014 documented a physical examination which demonstrated normal 5/5 motor strength in bilateral upper extremities. Right shoulder tenderness was noted. Right shoulder range of motion measurements were abduction 150, adduction 30, forward flexion 150, extension 30, internal rotation 60, and external rotation 80. X-rays of the right shoulder revealed normal overall bony alignment, no fracture or dislocation, and joint spaces are well-maintained. The x-ray was reported as essentially negative right shoulder. The diagnosis was musculoligamentous sprain/strain of the right shoulder. The agreed medical examiner's impression was that the patient's right shoulder had stabilized. The patient's right shoulder pain was characterized as being slight in nature. The AME report did not document surgical considerations for the right shoulder. The AME report characterized the right shoulder condition as stable and slight in nature. The medical records do not provide support for the medical necessity of shoulder MRI. Therefore, the request for MRI of the right shoulder without contrast is not medically necessary.