

<b>Case Number:</b>	CM14-0166928		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 complaints. Date of injury was 06/13/14. Primary treating physician's initial report dated August 8, 2014 documented injuries to the patient's cervical spine, lumbar spine, right shoulder, right knee, and right ankle. Regarding the mechanism of injury, the patient fell off the truck, approximately 5 feet to the concrete ground. The patient states that he initially landed on his right foot, and then on his buttocks and entire back striking the right side of his body. The patient denies striking his head. He denies any loss of consciousness. The patient did experience immediate pain in his neck, back, right ankle and foot, right knee and right shoulder. Current subjective complaints were documented. The patient is experiencing constant pain in the right shoulder. The pain increases with rotation, torquing motion, reaching over the head, lifting, carrying, pushing, pulling, abduction, or external rotation. He denies any clicking, popping or swelling. There is complaint of swelling, numbness, tingling, and burning sensations. On a scale of 1 to 10, 10 being worst, the patient rates the pain at 6-7. Objective findings were documented. Examination of the right shoulder was documented. Inspection revealed no evidence of edema, bruises, atrophy, discoloration, rashes, scars, abrasion or laceration. Palpation of the trapezius muscles revealed tenderness. Drop arm, supraspinatus, apprehension, and speed tests were negative. Neer impingement and Hawkins impingement tests were positive. Muscle strength was 4/5 with flexion, extension, abduction, adduction, internal rotation, and external rotation. Range of motion measurements was flexion 140, extension 40, abduction 140, adduction 40, internal rotation 50, and external rotation 60 degrees. Diagnoses were acute cervical strain, rule out disc herniation, acute lumbar strain, rule out disc herniation, right shoulder rotator cuff syndrome, rule out rotator cuff tear, right knee strain, rule out meniscal tear, and acute right ankle strain. Treatment plan included a request for magnetic resonance imaging MRI of right shoulder. Utilization review determination date was 10/1/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the right shoulder without the use of contrast material:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 207-208, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. 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. Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. Medical records do not document the results of plain-film x-ray radiographs of the shoulder. ODG guidelines indicate that plain-film x-ray radiographs are required for consideration of shoulder MRI. Because the submitted medical records do not present plain-film x-ray radiographs of the shoulder, the request for a shoulder MRI is not supported. Therefore, the request for MRI (Magnetic Resonance Imaging) of the right shoulder without the use of contrast material is not medically necessary.