

<b>Case Number:</b>	CM14-0168945		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 41 year old female with date of injury of 8/13/2013. A review of the medical records indicated that the patient is undergoing treatment for bilateral shoulder impingement syndrome and cervical/lumbar degenerative disc disease. Subjective complaints include continued pain in her shoulders bilaterally. Objective findings include positive impingement sign on left shoulder; reduced range of motion of both shoulders, pain upon palpation of bilateral rotator cuffs; strength and sensory exam normal in the upper extremities; and limited range of motion of cervical and lumbar spine with tenderness upon palpation of the paraspinals. Treatment has included Voltaren and Norflex. The utilization review dated 10/3/2014 non-certified MRI of bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI).

**Decision rationale:** ACOEM states "Primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Official Disability Guidelines (ODG) states "Indications for imaging magnetic resonance imaging (MRI): acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; and repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." There are no red flags presented in the medical documentation or any abnormality in the neurological exam or any plan for a surgery. None of the above factors are addressed in the medical documents which would justify an MRI. Therefore, an MRI of bilateral shoulders is not medically necessary.