

<b>Case Number:</b>	CM14-0170079		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 a 38-year-old female with a date of injury of 10/11/2013. The listed diagnosis per [REDACTED] is left shoulder trapezius strain, rotator cuff pathology. According to doctor's first report by [REDACTED] from 09/19/2014, the patient presents with bilateral shoulder pain, left greater than right. The patient reports she is unable to sleep due to shoulder pain. Objective finding states "see dictated report." A dictated report was not attached. Progress report by [REDACTED] from 09/12/2014 indicates the patient has weakness in the bilateral shoulders with radiating pain. Examination of the left shoulder revealed "left shoulder ranges of motion are decreased and painful. Supraspinatus press causes pain." This is a request for MRI of the left shoulder. Utilization review denied the request on 09/30/2014. Treatment reports from 05/19/2014 to 09/19/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for left shoulder:** Overturned

**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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MRI

**Decision rationale:** This patient presents with bilateral shoulder pain. The treater is requesting an MRI of the left shoulder for further investigation. Utilization review denied the request, but a rationale for the denial was not provided in the medical file. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines supports an MRI of shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. It appears the treater went ahead with the MRI of the shoulder without prior authorization as there is a MRI report from 09/27/2014. In this case, the patient presents with continued pain, radicular symptoms, decreased ROM and weakness. There is some evidence for rotator cuff pathology. Given the failure of conservative care, and persistent shoulder symptoms, an MRI of the left shoulder was medically necessary.