

<b>Case Number:</b>	CM14-0021761		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 and Rehabilitation 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:

This patient presents with right shoulder pain rated 6/10. Regarding shoulder MRIs, ACOEM Guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six 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." In this case, the patient has rotator cuff tenderness but the medical records provided for review do not show a radiographic examination. The treater does not provide an adequate examination or clinical picture warranting an MRI. However, ACOEM Guidelines supports special imaging for failure to conservative care, and for physiologic evidence of "tissue injury," and the ODG supports MRI's for suspected labral tear/rotator cuff pathology. Given that the patient's symptoms have persisted for over 2 month, it may be reasonable to allow an MRI given the suspicion for internal derangement of the shoulder joint. The request is medically necessary and appropriate.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** This patient presents with right shoulder pain rated 6/10. The treater has asked MRI of the right shoulder. No X-rays are provided in reports. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six 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." In this case, patient has rotator cuff tenderness but records do not show a radiographic examination. The treater does not provide adequate examination or clinical picture warranting an MRI. However, ACOEM supports special imaging for failure to conservative care, and for physiologic evidence of "tissue injury," and ODG supports MRI's for suspected labral tear/rotator cuff pathology. Given that the patient's symptoms have persisted for over 2 month, it may be reasonable to allow an MRI given the suspicion for internal derangement of the shoulder joint. Recommendation is for authorization.