

<b>Case Number:</b>	CM14-0027249		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 44 year old female who reported an injury to her left shoulder on 12/05/11. The clinical note dated 01/13/14 indicates the injured worker complaining of left shoulder pain. The note indicates the injured worker initial injury occurred she had a violent accident while trying to stabilize a patient. The medical examination dated 01/13/14 indicates the injured worker had sustained a low back injury in 1995 as well as the motor vehicle accident in 2008. The injured worker had complaints of neck pain radiating to the right side of the face, ears, eyes, anterior chest, bilateral shoulder pain, and bilateral elbow pain. The MRI of the left shoulder dated 02/04/14 revealed a near full thickness tear at the distal supraspinatus tendon with ten millimeter retraction. Tendinosis was also identified at the subscapularis tendon. An MRI of the right shoulder dated 02/02/13 revealed acromioclavicular osteoarthritis. Tendonitis was also identified at the supraspinatus and infraspinatus. A clinical note dated 05/30/13 indicates the injured worker continuing with 7/10 pain at both shoulders. The injured worker stated that rest does provide a reduction in pain. Upon palpation nonspecific tenderness was identified at the right shoulder. Palpation also revealed tenderness at the acromioclavicular joint, supraspinatus, infraspinatus, and the biceps on the right. The medical examination dated 11/19/13 indicates the injured worker undergoing right shoulder treatment. It indicates the injured worker complaining of radiating pain into the upper extremities from the neck. There was also an indication the injured worker is complaining of radiating pain to the upper neck from the shoulder blades bilaterally. The note does indicate the injured worker having undergone x-rays of the shoulders which revealed bilateral acromioclavicular joint arthritis. The injured worker was a type 3 acromion on the left. A therapy note dated 07/31/13 indicates the injured worker having completed 15 physical therapy sessions to date.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT SHOULDER:** 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): 207-8.

**Decision rationale:** The request for an MRI of the left shoulder is not medically necessary. The documentation indicates the injured worker complained of left shoulder pain. An MRI of the shoulder is indicated provided the injured worker meets specific criteria to include significant clinical findings identified by an exam and the injured worker has completed a full course of conservative therapy addressing the left shoulder complaints. Insufficient information was submitted regarding the exam findings indicating rotator cuff or a labral involvement. Additionally, there is an indication the injured worker has undergone extensive conservative therapies. However, no description of the rendered therapy has been submitted confirming focus on the left shoulder. Given these factors, the request is not indicated as medically necessary.