

<b>Case Number:</b>	CM14-0036051		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Occupational 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 a 64 year old male who was injured on 03/30/2010 as he fell on his buttocks. Prior treatment history has included physical therapy, acupuncture treatments and pain medication provided him with improvement but he is still symptomatic. There are no diagnostic studies of the right shoulder for review. On initial progress report dated 02/11/2014, the patient complained of continuous pain in his shoulders. He stated the pain traveled to his shoulder/arm down to the hand. His pain increased with reaching, moving his arm backwards, and lifting his upper extremity above shoulder level. The pain makes it difficult for him to sleep and causes discomfort. On exam, his right shoulder has deformity in the biceps tendon consistent with distal biceps tendon tear. Range of motion exhibits forward flexion to 144 degrees; extension to 30 degrees; internal rotation to 60 degrees; external rotation to 80 degrees; abduction to 144 degrees; and adduction to 45 degrees. He has positive impingement signs on the right. Impression is right biceps tendon tear. The treatment and plan is a request for EMG/nerve conduction studies of the upper and lower extremities to rule out radiculopathy versus entrapment neuropathy and MRI of the right shoulder to rule out internal derangement of the shoulder. Prior utilization review dated 02/27/2014 states the request for MRI of the right shoulder is denied as medical necessity has not been established as there are no findings to indicate this request is necessary.

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

**Decision rationale:** MTUS guidelines recommend MRI of the shoulder in the setting of red flags or signs of internal derangement. This is a request for right shoulder MRI for a 64 year old male injured from a fall on 3/30/10 in which he injured his low back and reportedly suffered a distal biceps tendon tear at the right elbow. On a 2/13/14 visit he complained of continuous pain in his shoulders that radiates to the hand. There was popping, clicking, and grinding sensation in the shoulder along with numbness and tingling of the shoulder and arm. On right shoulder examination there was no tenderness. There was limited range of motion and positive impingement sign. Strength is not documented. Right shoulder MRI is requested to rule out internal derangement. However history and examination findings do not clearly suggest internal derangement of the right shoulder such as large rotator cuff tear. There is no discussion of prior conservative treatment such as physical therapy. Medical necessity is not established at this time.