

<b>Case Number:</b>	CM14-0039672		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 42 year old female who sustained an injury to her left shoulder on 07/12/13 when she pulled a box at work; she felt an immediate onset of pain. The injured worker stated that physical therapy has helped temporarily. Medications included naproxen and ibuprofen. Magnetic resonance image of the right shoulder dated 09/19/13 revealed supraspinatus tendinosis with superimposed 0.9cm partial thickness under surface tear of distal tendon fibers; subscapular tendinosis with mild irregularity of the digital undersurface fibers and cervical spine strain/sprain. A progress report dated 06/04/14 noted that the injured worker complained of right shoulder pain at 4/10 visual analog scale that travels down the elbow and neck. The injured worker noted difficulties with activities of daily living, especially overhead activities. Physical examination of the right shoulder revealed tenderness and spasms of the supraspinatus and deltoid muscles, range of motion for right shoulder was 160 degrees of flexion, 160 degrees abduction; positive Hawkins-Kennedy impingement test on the right with a grade 4 muscle test and right shoulder flexion; grip strength right 20kg, 18kg, and 17kg. The injured worker subsequently underwent right shoulder arthroscopy, acromioplasty, distal clavicular spur removal and bursectomy on 06/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** There was no documentation of an adequate trial of physical therapy. There was no report of a new acute injury or exacerbation of symptoms involving the left shoulder. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits of the left shoulder. There were no additional significant 'red flags' identified. The injured worker's symptomatology was focused primarily at the right shoulder. Therefore, given this, the request for MRI of the left shoulder without contrast is not medically necessary.