

<b>Case Number:</b>	CM14-0056183		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 is a 51 year-old with a date of injury of 03/15/13. Based on information from progress reports dated 03/11/14 and 03/26/14, the patient had subjective complaints of pain in the shoulders, and cervical and lumbar spines. Objective findings included tenderness to palpation of the cervical spine with decreased range of motion. Positive objective abnormalities of the shoulder were not noted. Diagnoses included bilateral shoulder sprain/strain; cervical sprain/strain; possible cervical radiculitis; and lumbar disc disease. Treatment had included oral analgesics and physical therapy. A Utilization Review determination was rendered on 04/07/14 recommending non-certification of Left Shoulder MRI and MRI Right Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 214.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging studies: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). In this case, the record does not indicate any anticipated surgery. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for an MRI of the right shoulder.

**Left Shoulder MRI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 214.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging studies: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). In this case, the record does not indicate any anticipated surgery. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for an MRI of the left shoulder.