

<b>Case Number:</b>	CM14-0199384		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 55 year old male with the injury date of 10/13/11. Per physician's report 09/29/14, the patient has shoulder pain bilaterally and neck pain at 7-8/10. The patient has flare-ups in his neck and shoulders. His pain is relieved by heat, ice or Motrin. Reaching and lifting overhead has been difficult since the injury. Drop arm test is positive bilaterally. X-ray for bilateral shoulders revealed 1) right frozen shoulder persistent in a patient with diabetes, 2) right shoulder low-grade partial thickness of the rotator cuff of little clinical significance, 3) left mild frozen shoulder secondary consequence of the right shoulder pathology. The patient has had a Dynasplint, cortisone injections, physical therapy and Motrin. The patient is still working. The lists of diagnoses are: 1) Right frozen shoulder; 2) Right shoulder rotator cuff tear; 3) Left frozen shoulder; 4) Cervical spine sprain/ strain with myofasciitis. Per 06/20/14 progress report, the patient complains of neck and shoulder pain. There is tenderness along the cervical spine and bilateral shoulder with end range pain. MRI of the right shoulder reveals low-grade articular surface partial tear of the distal supraspinatus tendon. Small, isolated probably degenerative tear of the posterior inferior labrum. Cervical spine has an 8% whole person impairment rating, right shoulder has a 9% whole person impairment rating and left shoulder has 7% whole person impairment rating. Overall, pain-related impairment is 3% whole person for bilateral shoulders and total whole person impairment is 24%. The utilization review determination being challenged is dated on 10/28/14. Treatment reports were provided from 12/30/13 to 9/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral shoulders without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>

**Decision rationale:** The patient presents with pain in his neck and shoulders bilaterally. The request is for MRI of the bilateral shoulders without contrast. The review of the reports indicates that the patient has had a previous MRI of right shoulder and x-rays of bilateral shoulders in the past. The MRI of right shoulder is referenced on a 6/20/14 report, but the actual date of the MRI is not provided. The treating physician does not explain why another MRI is being requested other than for the patient's persistent pain. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or if there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. ACOEM recommends, before updating MRI, conservative care and the records do not contain therapy progress reports that would determine failure to progress in a strengthening program intended to avoid surgery. ODG guidelines, <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>, do not support it unless there is a suspicion for internal derangement. In this case, the patient already had an MRI of right shoulder and the request is for bilateral shoulder MRI's. The patient is working, and although the diagnoses include "frozen shoulder," the patient appears to have good range of motion. The examination and the patient's clinical presentation do not show suspicion for internal derangement such as rotator cuff/labral tears. The request is not medically necessary.