

<b>Case Number:</b>	CM14-0205623		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

Patient is a 58 year-old female with date of injury 05/13/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, lists subjective complaints as pain in the left shoulder. Patient is status left shoulder surgery on 07/29/2010 and 08/04/2009. MRI of left shoulder on 06/05/2013 was notable for a full thickness tear of the rotator cuff and mild AC joint arthropathy. MRI of the right shoulder on 06/05/2013 was notable for AC joint arthropathy and Supraspinatus tendinopathy. Objective findings: Examination of the left shoulder revealed tenderness to palpation over the acromioclavicular joint, long head of the biceps tendon, acromion, and greater tuberosity. There was glenohumeral joint effusion. Patient had pain with resisted internal and external rotation. Neer and Hawkin's signs were positive. Muscle strength testing was 4/5. Diagnosis: 1. Partial thickness rotator cuff tear of the left shoulder 2. Arthritis of the left shoulder 3. Bursitis of the left shoulder 4. Impingement of the left shoulder 5. Post release of the scar adhesions on the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217.

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

**Decision rationale:** According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria for either shoulder. The request for an MRI bilateral shoulder is not medically necessary.