

<b>Case Number:</b>	CM14-0030415		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and Rehabilitation, 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 64 year old male with an injury date of 07/22/13. Based on the 12/16/13 progress report, the patient complains of right shoulder pain which he rates as a 5/10. He has increased muscle spasm and impingement. The patient has a positive Neer's and Hawkins sign. The 01/15/14 report indicates that the patient continues to have right shoulder pain with a restricted range of motion. He rates his shoulder pain as a 4/10. No new positive exam findings were provided. The 02/20/14 report states that the patient has a sprain of the shoulder and upper arm. The shoulder is point tender over the AC joint. The 10/10/13 MRI of the right shoulder revealed the following: There is a full-thickness rotator cuff tear. The tear involves the majority of the supraspinatus tendon with the tear occurring distally and retraction of 17 mm. There is also a tear with retraction of the distal subscapularis tendon. The remaining far posterior fibers of the supraspinatus shows overall moderate attenuation in size. Moderate fluid in the subacromial-subdeltoid bursa secondary to the cuff tear and free communication of the shoulder joint fluid. The patient's diagnoses include the following: Disorder of shoulder Sprain of shoulder and upper arm. The utilization review determination being challenged is dated 02/26/14. Treatment reports were provided from 07/24/13- 02/20/14.

### 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 without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official disability Guidelines 2012, Shoulder, Indications for Imaging--Magnetic resonance Imaging (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) shoulder chapter, MRI

**Decision rationale:** According to the 02/20/14 report, the patient presents with a sprain of the shoulder and upper arm. The request is for an MRI RIGHT SHOULDER WITHOUT CONTRAST "to be sure the tendons are still fixable. He is working on final authorization of his surgery with a work comp attorney." ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In regards to the right shoulder, the patient has a limited range of motion, positive Neer's sign, and a positive Hawkins sign. The patient is diagnosed with disorder of shoulder as well as sprain of shoulder and upper arm. The patient had a prior MRI of the right shoulder on 10/10/13. In this case, the treater would like an updated MRI of the cervical spine before the patient has surgery; however, the patient is still working "on final authorization of his surgery with a work comp attorney." ODG guidelines recommend imaging studies for "clarification of anatomy prior to an invasive procedure;" however, review of the reports do not indicate if the surgery has been authorized yet. Furthermore, the patient does not have any emergence of red flags, physiologic evidence of tissue insult, or any mention of failure to progress in a strengthening program, as required by ODG guidelines. The requested MRI of the right shoulder IS NOT medically necessary.