

<b>Case Number:</b>	CM14-0039135		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured leading up to 12/10/2010 while repetitively lifting boxes and working with her hands. She was diagnosed with lumbar sprain and bilateral shoulder tendonitis/sprain/strain. She was treated with physical therapy and medications. She was reportedly helped by physical therapy and medications, however, continued to experience some remaining and persistent low back and shoulder pain and was unable to return to work. On 2/14/14, the worker was seen for her follow-up with her primary treating physician complaining of her persistent shoulder pain (partially illegible). Physical findings included decreased range of motion of the lumbar spine, spasm and decreased range of motion of bilateral shoulders, and positive impingement test (partially illegible). She was then recommended to continue her pain medications, continue physical therapy, and complete a right shoulder MRI. Later, a request for a left shoulder MRI was submitted on behalf of the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9792.23.2.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker was experiencing bilateral shoulder pain and dysfunction not dissimilar to previous complaints. The most recent progress note was very difficult to read as it was partially illegible, however, there was no clear signs of red flag symptoms or findings which might have warranted an MRI of the shoulder. Also, there was a discrepancy between the progress note appearing to indicate a plan for a right shoulder MRI and the request being for a left shoulder MRI. For the reasons above, the left shoulder MRI is not medically necessary until more clarity of evidence of criteria being met for imaging.