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| <b>Case Number:</b>   | CM15-0005558 |                              |            |
| <b>Date Assigned:</b> | 01/20/2015   | <b>Date of Injury:</b>       | 10/11/2013 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a male, who sustained an industrial injury on October 11, 2013. He has reported bilateral shoulder pain from repetitive lifting. The diagnoses have included bilateral shoulder sprain/strain, bilateral shoulder internal derangement, bilateral shoulder tendonitis, bilateral shoulder rotator cuff tear, bilateral shoulder AC arthrosis and bilateral wrist pain. Treatment to date has included medications, shockwave therapy, physical activity, acupuncture treatment and diagnostic studies. Currently, the IW complains of bilateral shoulder pain radiating up to the neck and down the arms, elbows and to the fingers associated with muscle spasms. The pain was rated as a 7 on a 1-10 pain scale. Physical examination of the left shoulder on 10/27/14 revealed limited range of motion, 4/5 strength and decreased sensation in bilateral UE and tenderness on palpation. He stated that his symptoms persist but medications offer him temporary relief and improve his ability to sleep. The pain is also alleviated by activity restrictions. The patient has had MRI of the right shoulder on 12/30/13 that revealed tear in the supraspinatus ; X-ray of the left shoulder on 10/11/13 that revealed no fracture and MRI of the left shoulder on 12/30/13 that revealed partial tear of the supraspinatus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page 207 - Special studies and diagnostic and treatment consideration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder(updated 10/31/14) Magnetic resonance imaging (MRI)

**Decision rationale:** Request: Repeat MRI left shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: 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)." Any of these indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent left shoulder X-ray report is not specified in the records provided. Per ODG shoulder guidelines cited below, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has had MRI of the left shoulder on 12/30/13 that revealed partial tear of the supraspinatus tear. Any changes in physical findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The medical necessity of the request for Repeat MRI left shoulder is not fully established in this patient. The medical necessity of the request for Repeat MRI left shoulder is not fully established in this patient.