

<b>Case Number:</b>	CM15-0135260		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female, who sustained an industrial injury on 5/3/13. The injured worker has complaints of low back pain and stiffness radiating to all left leg and complaints of left shoulder pain and stiffness. Lumbar spine examination revealed slow and guarded gait and decreased sensation of left lower extremity, hyperpronation of feet and range of motion are decreased and painful. The documentation noted that there is tenderness to palpation of the lumbar paravertebral muscles and muscle spasm of the lumbar paravertebral muscles. Left shoulder had decreased sensation in left upper extremity and range of motion is painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, posterior shoulder and supraspinatus. The diagnoses have included gait abnormality; lumbar disc protrusion; lumbar myospasm and lumbar radiculopathy. Treatment to date has included medications. The request was for magnetic resonance imaging (MRI) arthrogram left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram left shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), MR arthrogram.

**Decision rationale:** The claimant sustained a work injury in May 2013 and underwent left shoulder arthroscopic surgery in March 2014. She continues to be treated for low back and left shoulder pain. When seen, she was having constant severe shoulder pain rated at 9/10 with aching and stiffness. Physical examination findings included decreased and painful shoulder range of motion with tenderness and decreased strength. The treatment plan references requesting prior MRI scans of the left shoulder and an MRI arthrogram of the left shoulder was requested. An MRI arthrogram is recommended as an option to detect labral tears, and for suspected re-tear after rotator cuff repair. In this case, there are no physical examination findings suggestive of labral pathology or a new rotator cuff tear and the testing is being requested as an evaluation for pain. The requested MR arthrogram is not medically necessary.