

<b>Case Number:</b>	CM15-0183194		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old man sustained an industrial injury on 6-8-2012. Diagnoses include headache, bilateral shoulder sprain-strain, lumbar spine sprain, and bilateral foot plantar fasciitis. Treatment has included oral and topical medications and physical therapy. Physician notes dated 8-6-2015 show complaints of lumbar spine pain rated 9 out of 10 with radiation to both bilateral feet and ankles, bilateral shoulder pain rated 8 out of 10, increased insomnia, and improved depression. The physical examinations shows bilateral shoulders with diffuse tenderness and crepitation, range of motion normal with pain at the extremes. Recommendations include left shoulder MRA, topical compounds, physical therapy, spine surgery consultation, internal medicine consultation, psychology consultation, [REDACTED], TENS unit, hot-cold unit, urinalysis, and follow up in four weeks. Utilization Review denied a request for left shoulder MRA citing there was no documentation of weakness, motion deficit, or indication of prior surgical process or anatomical change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MR Arthrogram.

**Decision rationale:** Key points are as follows: The claimant was injured in 2012 with headache, bilateral shoulder sprain-strain, lumbar spine sprain, and bilateral foot plantar fasciitis. There is bilateral shoulder pain rated 8 out of 10, increased insomnia, and improved depression. The physical examinations shows bilateral shoulders with diffuse tenderness and crepitation, range of motion normal with pain at the extremes. There was no documentation of weakness, motion deficit, or indication of prior surgical process or anatomical change. The MTUS was silent on shoulder imaging such as MR arthrogram. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for sub acute shoulder pain, suspect instability/labral tear. MR Arthrogram is an invasive procedure that might be warranted if greater sensitivity for tears or internal pathology is needed. It is not clear what orthopedic signs point to a suspicion of instability or tearing in this case, or if there has been a significant progression of objective signs in the shoulder to support advanced, invasive imaging. The request was appropriately non-certified and therefore is not medically necessary.