

<b>Case Number:</b>	CM15-0189854		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 3-8-2013. The injured worker is undergoing treatment for: left shoulder subacromial impingement and bursitis, neck and back pain. On 7-7-15, she reported pain to the left upper extremity rated 7 out of 10. On 8-6-15, she reported pain to the neck, back, and left upper extremity. She rated her left upper extremity pain 7 out of 10 and indicated pain radiation down the left arm into the fingers with associated numbness and weakness. On 8-18-15, she reported pain to the left upper extremity. She rated her pain 6 out of 10. Physical findings revealed tenderness in the left trapezium, decreased left shoulder range of motion, decreased strength, special testing elicited positive supraspinatus, Neer's impingement, Hawkins, and impingement. The treatment and diagnostic testing to date has included: cortisone injection (6-9-15) reported as decreasing her pain by 40 percent for 2 weeks; multiple physical therapy sessions reported to have increased her pain; TENS unit; electrodiagnostic studies of the left upper extremity (6-22-15) was reported as abnormal. Medications have included: naproxen. Current work status: restricted. The request for authorization is for: magnetic resonance imaging of the left shoulder. The UR dated 9-11-2015: non-certified the request for magnetic resonance imaging of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

**Decision rationale:** The current request is for MRI left shoulder. The RFA is dated 07/07/15. The treatment and diagnostic testing to date has included: LESI, cortisone injection (6-9-15), multiple physical therapy sessions, TENS unit; electrodiagnostic studies of the left upper extremity (6-22-15), and medications. Current work status: restricted. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 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 raises suspicion of serious shoulder condition or referred pain. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear. Per report 08/18/15, the patient reported pain to the neck, back, and left upper extremity. She indicated radiation of pain down the left arm into the fingers with associated numbness and weakness. Physical findings revealed tenderness in the left trapezial, decreased left shoulder range of motion, decreased strength, special testing elicited positive supraspinatus, Neer's, Hawkin's, and Impingement sign. Treatment plan included physical therapy, medications and MRI of the left shoulder. In reviewing the medical records, this patient suffers from chronic neck and low back pain. It appears that the left shoulder symptoms are more of a recent issue. The patient had a cortisone injection on 06/09/15, which provided 2 weeks of relief. The pain has returned and the treater has requested an MRI. Given the failure of conservative measures, positive examination findings and continued pain, an MRI at this stage may be beneficial in determining the underlining issue. Therefore, the request is medically necessary.