

<b>Case Number:</b>	CM15-0190712		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<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: 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:

The injured worker is a 78-year-old male, who sustained an industrial injury on 6-19-10. Medical records indicate that the injured worker is undergoing treatment for cervical intervertebral disc displacement without myelopathy, cervical radiculitis, myalgia and myositis, chronic pain syndrome, thoracic spine sprain-strain, lumbar intervertebral disc displacement without myelopathy, lumbar radiculitis and left shoulder sprain-strain. The injured worker was noted to be temporarily very disabled. On (8-12-15) the injured worker complained of neck, left shoulder and mid-upper and lower back pain. The left shoulder pain was rated 5 out of 10 on the visual analogue scale, which was increased from 4 out of 10 on the prior visit. Left shoulder examination revealed grade 2 tenderness to palpation, which had remained the same from the last visit. Range of motion was restricted. A supraspinatus test was positive. Treatment and evaluation to date has included medications and physical therapy. Physical therapy was noted to decrease the injured workers pain and improve his function and activities of daily living by 10%. Current medications include Tramadol, Cyclobenzaprine and Terocin patches. The request for authorization dated 8-12-15 requested an MRI of the left shoulder. The Utilization Review documentation dated 9-4-15 non-certified the request for an MRI of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the left shoulder:** Upheld

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

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

**Decision rationale:** As noted above, the injury was five years ago. There is still left shoulder pain. Tenderness has been unchanged from prior visits. The MTUS was silent on shoulder MRI. 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 subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately not medically necessary.