

<b>Case Number:</b>	CM15-0192787		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 49 year old male, who sustained an industrial injury on 7-12-08. The documentation on 8-25-14 noted that the injured worker has complaints of bilateral shoulder pain, left side worse than right with increased trembling with left hand. There is tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2 to C7 facet joints and there is tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2-T1 facet joints. Cervical and shoulder range of motion were restricted by pain in all directions. Muscle stretch reflexes were symmetric bilaterally in all limbs. Left shoulder range of motion was decreased by pain in all directions. The diagnoses have included bilateral lumbar facet joint pain at L4-L5, L5-S1 (sacroiliac); lumbar facet joint arthropathy; left shoulder sprain and strain and left shoulder pain secondary to overcompensation for right shoulder injury. Treatment to date has included 12 physical therapy visits treating his neck and back in 2008; right shoulder arthroscopic rotator cuff repair, right shoulder arthroscopic superior labrum, anterior to posterior repair, right shoulder arthroscopic placement of indwelling pain drug delivery implant; left shoulder arthroscopic extensive debridement, arthroscopic subacromial decompression on 10-5-12 and left shoulder rotator cuff cortisone injections. The documentation noted that the current medications were listed as soma; norco; ativan; prilosec; senna; aspirin; zocor and trazodone. Left shoulder magnetic resonance imaging (MRI) on 3-18-11 revealed there is tendinosis of the supraspinatus tendon and there is no evidence of a rotator cuff tear. Left shoulder magnetic resonance imaging (MRI) on 9-30-13 revealed no rotator cuff tendon tear is identified; supraspinatus tendinosis and subtle articular surface subscapularis tendinosis are noted, without discrete tears; mild subacromial and subdeltoid bursitis; mild acromioclavicular

joint arthropathy is present without inferiorly projecting osteophytes and the injured workers acromion may be slightly laterally downsloping relative to the long axis of the clavicle in the coronal plane, morphology which could potentially predispose this injured worker to impingement. The original utilization review (9-12-15) non-certified the request for magnetic resonance imaging (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:

**MRI 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 (ODG) Treatment Index, 13th Edition (web) 2015, Shoulder chapter, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, The MTUS guidelines do not address repeat shoulder MRIs. In this case, a left shoulder magnetic resonance imaging (MRI) on 3-18-11 revealed there is tendinosis of the supraspinatus tendon and there is no evidence of a rotator cuff tear. Left shoulder magnetic resonance imaging (MRI) on 9-30-13 revealed no rotator cuff tendon tear is identified; supraspinatus tendinosis and subtle articular surface subscapularis tendinosis are noted, without discrete tears; mild subacromial and subdeltoid bursitis; mild acromioclavicular joint arthropathy is present without inferiorly projecting osteophytes and the injured workers acromion may be slightly laterally downsloping relative to the long axis of the clavicle in the coronal plane, morphology which could potentially predispose this injured worker to impingement. MRI is not recommended for impingement syndrome and there have been no appreciable interval changes to warrant a repeat MRI, therefore, the request for MRI of the left shoulder is determined to not be medically necessary.