

<b>Case Number:</b>	CM15-0204978		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/08/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial-work injury on 8-8-15. He reported initial complaints of neck, shoulder, and back pain. The injured worker was diagnosed as having acute back contusion. Treatment to date has included medication, 10 sessions of physical therapy (no improvement). Currently, the injured worker complains of upper and lower back pain that was described as aching, and moderate in severity. Meds include Ibuprofen and Flexeril. Per the emergency department physician's report on 8-8-15, exam noted tenderness to the bilateral upper and lower back area with no swelling or bruising, no deformities, or skin lesions, and steady gait. As of 10-2-15, there were complaints of left axial neck, shoulder, and mid-back pain. Current plan of care includes cold compresses and medication. The shoulder pain to the shoulder was described as radiating to the scapula. There is pain as well to the rotator cuff posterior capsule and lateral capsule. Exam notes mild reproduction of pain with internal and external rotation of the left shoulder. Diagnosis was left shoulder pain secondary to trauma, left incomplete rotator cuff tear, left scapular contusion versus fracture, and rule out rib fracture. The Request for Authorization requested service to include MRI of left shoulder. The Utilization Review on 10-12-15 denied the request for MRI of left shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Shoulder Complaints 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left shoulder:** Upheld

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

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

**Decision rationale:** Indications for magnetic resonance imaging (MRI) of the shoulder are as follows: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there is no documentation in the medical record of decreased ROM/function of the left shoulder. In addition there is no documentation of normal plain radiographs. Medical necessity has not been established. The request is not medically necessary.