

<b>Case Number:</b>	CM15-0208394		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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 48-year-old male, who sustained an industrial injury on 09-22-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left hip pain, low back pain and bilateral shoulder pain. Medical records (04-16-2015 to 10-01-2015) indicate improving left hip pain and low back pain, but worsening bilateral shoulder pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-09-2015, revealed global tenderness in both shoulders. The physical exam (10-01-2015) showed positive results for impingement tests II, and drop arm, as well as I test. Relevant treatments have included: total left hip arthroplasty and revision, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that x-rays of the bilateral shoulders showed spurring on the undersurface of the acromion (bilaterally). The original request for authorization (07-16-2015) shows that the following tests were requested: MRI of the right shoulder, and MRI of the left shoulder. The original utilization review (10-14-2015) non-certified the request for a MRI of the right shoulder, and 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 right shoulder:** Upheld

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

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

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no recent change in neurological or motor exam. There is no plan for surgery. Patient had an MRI done on 4/17/14 with noted findings. It is unclear what provider plans to do with an additional MRI when exam is unchanged. Provider does not mention or state anything concerning prior MRI findings. MRI of right shoulder is not medically necessary.

**MRI left shoulder:** Upheld

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

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

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no recent change in neurological or motor exam. There is no plan for surgery. Patient had an MRI done on 4/17/14 with noted findings. It is unclear what provider plans to do with an additional MRI when exam is unchanged. Provider does not mention or state anything concerning prior MRI findings. MRI of left shoulder is not medically necessary.