

<b>Case Number:</b>	CM15-0021209		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 Jersey  
Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 7/28/2013. She reports injury to the neck, left shoulder and lumbar spine. Diagnoses include cervical sprain, shoulder sprain and lumbar sprain. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 11/19/2014 indicates the injured worker reported neck, low back and bilateral shoulder pain. On 1/12/2015, Utilization Review non-certified the request for magnetic resonance imaging of the right shoulder, citing MTUS and ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, the progress notes indicate that there was an interest in ordering a left shoulder MRI, which was requested initially. However, the repeat application for independent medical review indicated a request for "MRI Right Shoulder." It appears that the request may have been an error. If it was not, there was no subjective or objective evidence to support the request for a right shoulder MRI. If the request was intended to be for an MRI of the left shoulder, then the evidence was still insufficient to clearly justify an MRI of the left shoulder as there was no red flag symptoms or signs and the symptoms are intermittent in nature. Therefore, considering the above reasons, the request will be considered medically unnecessary.