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| <b>Case Number:</b>   | CM15-0218859 |                              |            |
| <b>Date Assigned:</b> | 11/10/2015   | <b>Date of Injury:</b>       | 01/08/2014 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 11/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 1-8-2014. Medical records indicate the worker is undergoing treatment for left shoulder pain. Recent progress reports dated 9-4-2015 and 10-23-2015, reported the injured worker complained of left shoulder pain, due to cane use. Physical examination revealed left shoulder tenderness and redness with the shoulder mildly protracted. Treatment to date has included cognitive behavior therapy, physical therapy and medication management. The physician is requesting left shoulder magnetic resonance imaging. On 11-4-2015, the Utilization Review noncertified the request for left shoulder magnetic resonance imaging.

### 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:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI shoulder.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and arthroscopy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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, the injured workers working diagnoses are lumbar radiculopathy; muscle spasm; and gait abnormality. Date of injury is January 8, 2014. Request for authorization is October 27, 2015. According to an October 23, 2015 progress note, subjective complaints and flare lumbar radiculopathy. There is a flare of left shoulder pain. Injured worker ambulates with a cane held in the left hand. Objectively, there is left shoulder diffuse tenderness with decreased range of motion. There is no documentation of conservative management (i.e. physical therapy). There was a peer-to-peer conference between the utilization reviewer and the treating provider. The treating provider agreed an MRI was premature. The treating provider indicated a course of physical therapy is indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a peer-to-peer conference indicating an MRI left shoulder was premature, MRI left shoulder is not medically necessary.