

<b>Case Number:</b>	CM15-0240871		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	12/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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 61 year old female, who sustained an industrial injury on 10-1-13. The injured worker was diagnosed as having pain in the left shoulder, osteoarthritis of the left shoulder, complete rotator cuff tear of rupture of the left shoulder, shoulder pain, osteoarthritis, and rotator cuff sprain. Treatment to date has included left rotator cuff repair on 11-10-14, 24 physical therapy sessions, an injection, and H-wave. Physical exam findings on 11-25-15 included negative Neer's and positive Hawkin's signs on the left. Left shoulder range of motion was noted to be 170 degrees of extension, external rotation to 60 degrees, and internal rotation to 50 degrees. On 11-25-15, the injured worker complained of left shoulder pain. On 11-25-15, the treating physician requested authorization for a MRI of the left shoulder. On 12-1-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left shoulder Qty: 1:** 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), Shoulder (Acute & Chronic).

**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 of left shoulder is not medically necessary. MRI and arthrography 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 cited 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 worker's working diagnoses are pain in the left shoulder, osteoarthritis of the left shoulder, complete rotator cuff tear of rupture of the left shoulder, shoulder pain, osteoarthritis, and rotator cuff sprain. Date of injury is May 1, 2009. Request for authorization is November 25, 2015. The injured worker is status post rotator cuff repair November 10, 2014. The injured worker received 24 postoperative physical therapy sessions. The injured worker received a subacromial space injection May 2015 with 60% improvement. The worker uses an H-wave device. Subjectively, the worker complains of bilateral shoulder pain. There is left shoulder weakness. Objectively, range of motion is decreased, abduction is 4/5 and there is a positive Hawkin's. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no objective evidence of progressive neurologic dysfunction and/or any intervening incidents that would cause significant change since the surgery (rotator cuff repair) performed November 10, 2014. There is no documentation of the significant change in symptoms and/or objective findings suggestive of significant pathology. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI of left shoulder is not medically necessary.