

<b>Case Number:</b>	CM14-0120628		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who reported a date of injury of 03/24/2010. The mechanism of injury was noted to be repetitive carrying of banquet trays. The injured worker had a diagnosis of left shoulder rotator cuff tear full. Prior treatments included a shoulder injection on 07/13/2010. The injured worker had an MRI of the left shoulder on 05/21/2012 which revealed a full thickness rotator cuff tear with tendinitis and biceps tendinosis with a chronic partial tear. Surgeries included left shoulder arthroscopy on 08/13/2012 and a left shoulder rotator cuff repair and decompression on 08/13/2012. The injured worker had complaints of weakness and pain in the left shoulder. The clinical note dated 06/26/2014 noted the injured worker had findings including left shoulder crepitus, catching and clicking, and a negative rotator cuff test. The injured worker's range of motion of the left shoulder was 170 degrees of flexion and abduction, 60 degrees of external rotation and 50 degrees of internal rotation. Medications were not indicated within the medical records provided. The treatment plan included a follow up in 3 weeks with imaging. The rationale was noted to be for the evaluation of the crepitus of the injured worker's left shoulder and evaluate for sources of weakness. The request for authorization form was not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (for example Knee) (for example Total Knee Arthroplasty).

**Decision rationale:** The injured worker had complaints of weakness and pain in the left shoulder. The California MTUS/ACOEM guidelines indicate special studies of the shoulder are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Guidelines indicate imaging studies may be indicated for patients with the emergence of a red flag, 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, as well as failure to progress in a strengthening program intended to avoid surgery. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more. Magnetic resonance images of the shoulder and specifically of the rotator cuff are most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The injured worker had an MRI in 05/2012; however, the injured worker underwent surgical intervention in 08/2012. There is a lack of documentation indicating the injured worker failed 3-4 weeks of recent conservative treatment. There is a lack of documentation the injured worker has significant objective functional deficits or significant provocative testing which would indicate possible pathology to the left shoulder. As such, the request is not medically necessary.