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| <b>Case Number:</b>   | CM14-0123473 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 02/14/2012 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 07/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2014 |

### 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 and 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:

This is a patient with a date of injury of February 14, 2012. A utilization review determination dated July 25, 2014 recommends non-certification for an open MRI of the left shoulder. A medical report dated May 23, 2014 identifies subjective complaints of left shoulder pain posteriorly into the left scapula. Lying on the left side increases the shoulder pain. Physical examination reveals slightly reduced range of motion of the left shoulder with 5/5 strength. Orthopedic testing was negative. Diagnoses include a left shoulder scapulothoracic bursitis. The treatment plan recommends examination and treatment by a shoulder specialist as well as conservative treatment including physical therapy, oral, and topical medications as well as selective cortisone injections. If those conservative measures fail, then surgery may be considered. Additionally, a left shoulder MRI is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

**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), Shoulder Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it appears there remain conservative treatment options available to address the patient's shoulder complaints. It seems reasonable to exhaust all conservative treatment options prior to requesting an MRI. Furthermore, the patient's physical examination findings are relatively minor, and it is unclear how the MRI would affect medical decision-making at the current time. In the absence of clarity regarding his issues, the currently requested right shoulder MRI is not medically necessary.