

<b>Case Number:</b>	CM14-0132915		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/16/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational Medicine, 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 claimant injured her right shoulder on 11/16/02 while driving a bus. An MRI of the right shoulder is under review. She was driving a transit bus at work. There were many potholes in her right arm and shoulder got jarred while she was holding onto the steering wheel. She wasn't sure whether her shoulder got dislocated, but she massaged it with her left hand to put it back. On 07/13/14, she was evaluated and she appeared comfortable despite reporting 9/10 pain. She had pain with movement. X-rays showed no fracture or dislocation and she was diagnosed with a strain. The exam was limited due to pain. She was taken out of work. She had constant pain at 9/10 at rest and 10/10 with any movement. She was unable to lift her arm beyond 45 in any direction. She had pain from above the elbow into the right shoulder with no numbness or weakness. She had a history of arthroscopic surgery to the shoulder in 2010. She denied chronic pain but only some tension. She was tender diffusely but it was nonfocal and it was even to light skin touch. She had full range of motion of the elbow and wrist. She was unable to abduct more than 35-45. She was placed in a sling and medications were ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI R SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): Special Studies.

**Decision rationale:** The MTUS states that, for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: -Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) -Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) -Failure to progress in a strengthening program intended to avoid surgery. -Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Table 9-5 states MRI has a low ability to identify impingement. The MTUS further state "imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: - When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear)...-To further evaluate the possibility of potentially serious pathology, such as a tumor. ... Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." There is no evidence that the claimant has completed or attempted and failed a reasonable course of conservative care prior to this request for an MRI. There is no evidence that trials of local care such as ice/heat, exercises, or the judicious use of medications have failed. The medical necessity of this request for an MRI of the right shoulder has not been demonstrated.