

<b>Case Number:</b>	CM14-0161531		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old male who was injured on 1/17/2014 after falling, hitting his left side. He was diagnosed with lumbar sprain, back contusion, thoracic sprain, and neck sprain. He was treated with medications, corticosteroid injection, work restrictions, acupuncture, physical therapy, and home exercises. On 3/28/14, the worker was seen by his primary treating physician (orthopedic) for an initial consultation. The worker reported not working at the time due to his persistent neck pain, rated 6/10 on the pain scale. He also reported having left shoulder pain with occasional popping and tightness in the morning hours, rated 5/10 on the pain scale. He also reported low back pain and stiffness, rated 7/10 on the pain scale, left hip pain, rated 6/10 on the pain scale, and left knee pain, rated 7/10 on the pain scale. Physical examination of the left shoulder revealed no step-off over AC joint, tenderness of greater tuberosity and acromion as well as tenderness of the AC joint and grinding/clicking of the joint, atrophy of the rotator cuff muscles with reduced strength, and a positive impingement test. He was then recommended to have an MRI of the left shoulder. He was also recommended acupuncture, a lumbar brace, and TENS unit.

### 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 ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. 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, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, there was no evidence of any red flag diagnosis which would have warranted an immediate MRI image of the left shoulder on the first visit with the orthopedist. Also, it is not clear as to if the worker had exhausted conservative care for his shoulder yet, as this was not clearly documented in the notes provided for review. Continuation of conservative care with observation would be still appropriate in this situation, according to the evidence from the documentation, and therefore, the MRI of the left shoulder would be medically unnecessary.