

<b>Case Number:</b>	CM14-0163084		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 57 year old female who was injured on 7/28/2013 after falling backwards. She was diagnosed with cervical strain, lumbar strain, right shoulder strain, and left shoulder sprain/impingement/adhesive capsulitis. She was treated with chiropractor treatments, NSAIDs, heat, and home exercises. She was able to return to work. X-ray of the left shoulder was completed and showed mild degenerative changes only. She was deemed having reached maximal medical improvement with occasional NSAID use and home stretches on 2/7/14, and the worker did not show any interest in any further follow-up at that time. Later, on 7/2/2014, the worker was seen by her primary treating physician complaining of her left shoulder and neck having restricted movement, but no pain. Physical findings included normal range of motion of the cervical spine, spasm of upper and lower back muscles, and tenderness of the left shoulder with restriction of movement with abduction (higher than 120 degrees) as well as restriction of left shoulder extension, internal, and external rotation. An MRI of the left shoulder as well as topical analgesics were then recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upper extremity without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 214.

**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, an MRI was recommended after subjective and objective evidence suggested she had impingement of the left shoulder. It is not clear if the worker had completed physical therapy for her left shoulder as part of her conservative treatment regimen. Before considering MRI in this situation, a discussion of follow-up intervention (surgery) would need to be discussed with the worker showing interest in invasive intervention based on MRI results. Otherwise, without a sufficient attempt at conservative treatments, including physical therapy and no discussion of options after MRI, the left shoulder MRI is not medically necessary.