

<b>Case Number:</b>	CM14-0163679		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; corticosteroid injection therapy; trigger point injections; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for a left shoulder MRI imaging. The applicant's attorney subsequently appealed. In a September 4, 2014 progress note, the applicant reported persistent complaints of left shoulder pain to "clarify the diagnosis." X-ray imaging of the shoulder was performed on this date and demonstrated mild degenerative changes and/or calcifying tendinitis. The completed progress note of September 4, 2014, however, does not appear to have been attached. It was stated that the proposed MRI imaging would help to guide the applicant's future care and that further injection therapy might be considered. It was stated that the applicant had had many months of pain despite physical therapy, medications, and home exercises. The applicant received shoulder corticosteroid injection therapy on November 4, 2013 for a presumptive diagnosis of shoulder impingement syndrome. The applicant was described as having attended a pain management class. Normal shoulder strength was noted with positive signs of internal impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209, 207, 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-2, page 202, MRI imaging is recommended as a test of choice to help diagnose suspected rotator cuff tears, as appears to be present here. ACOEM does, however, qualify its position by noting that such testing should be typically performed preoperatively. In this case, the attending provider did write that the applicant's symptoms have persisted for several months, despite earlier physical therapy, analgesic medications, and injection therapy. The attending provider stated that the MRI imaging results would alter the treatment plan, implying that the applicant and/or the attending provider would consider a surgical remedy were the results of the shoulder MRI positive. Therefore, the request is medically necessary.