

<b>Case Number:</b>	CM14-0165384		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 65-year-old male who reported an injury on 08/15/2010 due to an unknown mechanism. Diagnosis were cervical discogenic pain, left shoulder impingement sign, lumbar discogenic pain, myospasm, status post head trauma, insomnia, and anxiety. Physical examination dated 09/18/2014 revealed complaints of left shoulder pain without medication was reported to be a 4/10 on the pain scale. With medication, the pain was reported to be a 4/10. The injured worker reported that the medications did help with the pain. There were complaints of cervical spine pain rated a 7/10 without medications and with medications a 6/10. The pain was increased with activity. The injured worker also complained of lumbar spine pain that was rated a 9/10 without medications, medications a 7/10. The pain was reported to be constant and aggravated with activity. Examination revealed tenderness to the cervical spine and decreased range of motion and spasm. Examination of the lumbar spine revealed tenderness and range of motion pain. Examination of the left shoulder revealed tenderness, decreased range of motion, spasm, and positive impingement sign. Treatment plan was for an MRI of the left shoulder. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The decision for MRI (magnetic resonance imaging) of the left shoulder is not medically necessary. The California ACOEM Guidelines state 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. 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 of neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. It was not reported that the injured worker had any type of physical therapy or was doing home exercise program. It was reported that the injured worker had an MRI of the left shoulder in the past. The MRI report was not submitted with the clinical information for review. There was no documentation detailing a clear indication for an MRI of the left shoulder. There was no emergence of a red flag on the examination of the injured worker to indicate the medical necessity for an MRI. The physical examination submitted for review lacked documentation of objective findings. Based on the lack of documentation detailing a clear indication for a decision for MRI of the left shoulder, this request is not medically necessary.