

<b>Case Number:</b>	CM14-0085113		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 61 year old female with a history of bilateral shoulder issues. This IMR is requested to determine the medical necessity of an MRI scan of the left shoulder that was denied by UR on 5/14/2014. The injured worker had undergone a prior MRI scan of the left shoulder in the year 2009 per Radiology report. She underwent subacromial decompression of the left shoulder with distal clavicle resection for an impingement syndrome in 2012. She had recurrence of pain with some limitation of motion in 2014. There was another injury reported from hanging clothes on 7/31 2013 but the documentation indicates this involved the right shoulder. The progress note of 5/1/2014 indicates continuing left shoulder pain with decreased motion. Flexion was 140 degrees, abduction 130 degrees, external rotation 50 degrees, and internal rotation 40 degrees. No examination findings of impingement or a rotator cuff tear were documented. The left shoulder MRI scan was requested to rule out a rotator cuff tear. The request was non-certified on 5/14/2014. The reason for the denial was absence of clinical findings of a rotator cuff tear. The injured worker underwent an MRI scan of the left shoulder on 7/10/2014. This showed no change from the prior scan of 2009 with distal tendinosis of the infraspinatus tendon and a subtle 1x4 mm tear similar to the previous exam. The right shoulder became more symptomatic at that time and became the focus of attention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left shoulder MRI:** 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): 208, 209.

**Decision rationale:** California MTUS guidelines were utilized. The documentation indicates left shoulder pain and mild limitation of motion. However, there were no impingement signs or evidence of a rotator cuff tear such as specific weakness. The guidelines indicate need for MRI scans when surgery is being considered for a specific anatomic defect such as a full thickness rotator cuff tear. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a risk of making a diagnosis based on asymptomatic underlying pathology. In light of the above, in the absence of specific rotator cuff signs, the MRI scan of the left shoulder was not medically necessary.