

<b>Case Number:</b>	CM15-0108345		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 77-year-old male who sustained an industrial injury on 11/23/2011. Diagnoses include left rotator cuff tear. Treatment to date has included medications, chiropractic treatment, shockwave treatments, left shoulder arthroscopy and physical therapy. According to the PR2 dated 4/29/15, the IW reported pain in the cervical, thoracic and lumbar spine, the bilateral shoulders and the left knee. The pain in the left shoulder was aggravated by any repetitive motion. On examination, range of motion of the lumbar spine and left shoulder was reduced and muscle spasms were present in the cervical and lumbar paravertebral muscles, as well as the lateral left shoulder. Tenderness to palpation was present in all areas of the spine, over the left lateral shoulder and trapezius and over the left knee lateral and medial joint lines. A request was made for MRI of the left shoulder without contrast.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): 19, 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. In this case, the claimant underwent left shoulder debridement and repair of the rotator cuff in November 2014 due to a tear discovered on a prior MRI. In this case, the claimant did not have findings of a new tear or injury. There was not a plan for another surgery. The request for another MRI of the left shoulder is not medically necessary.