

<b>Case Number:</b>	CM15-0011322		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old male, who sustained an industrial injury on 07/11/2013. He has reported subsequent left upper extremity pain, numbness and tingling and was diagnosed with adhesive capsulitis of the left shoulder and status post left shoulder arthroscopy with possible residual or recurrent internal derangement. Treatment to date has included oral pain medication, physical therapy and shoulder injections. In a progress note dated 10/28/2014, the injured worker reported worsening left shoulder pain and fatigue as well as pain, stiffness, numbness and tingling of the left elbow and arm. Objective findings were notable for tenderness to palpation of the tip of the acromion and supraspinatus tendon, positive impingement testing, limited range of motion of the left shoulder and tenderness to palpation of the medial epicondyle and cubital tunnel. The physician indicated that an MRI of the left shoulder was being requested to rule out any residual or recurrent internal derangement. On 12/22/2014, Utilization Review non-certified a request for MRI of the left shoulder, noting that there was no documentation of a significant change in symptoms since the previous MRI. ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Shoulder-MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder

**Decision rationale:** The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) The documentation submitted for review indicates that the injured worker underwent left shoulder MRI 4/18/14. The study revealed: "Patient is status post prior rotator cuff surgery with cortical screw tracks present within the humeral head. Acromioclavicular osteoarthritis is seen. Magnetic susceptibility artifact is seen within the soft tissues. Thickening of the supraspinatus and infraspinatus tendons is seen consistent with tendinitis. The teres minor and subscapularis tendons are unremarkable along their course and insertion. Increased fluid is seen tracking along the biceps tendon within the bicipital groove. The glenoid labrum is unremarkable. Contrast material adequately distends the joint space. Contrast material does not extravasate into the subacromial/subdeltoid bursa to suggest an occult rotator cuff tear. The guidelines do not support repeat MRI unless there is a significant change in symptoms. This was not documented. As such, the request is not medically necessary.