

<b>Case Number:</b>	CM15-0012404		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas, 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:

This is a 53 year old female patient, who sustained an industrial injury to the shoulders to include the armpit, rotator cuff, trapezius, clavicle, and scapula and thoracic disc on 10/17/14. The diagnosis includes right shoulder and thoracic sprain. She sustained the injury while helping patient during evaluation and felt twist in upper back. Per the report dated 12/19/14, she had complains of right shoulder pain at 6/10. Physical examination revealed tenderness of the right trapezius muscle, deltoid muscle, and upper extremity muscles, restricted range of motion in the right shoulder with extension 30 degrees, internal rotation 80 degrees, external rotation 70 degrees, abduction 160 degrees; negative rotator cuff impingement testing; normal strength and sensation. The medications list includes etodolac, orphenadrine and tramadol-acetaminophen. Prior diagnostic study reports were not specified in the records provided. She has completed 6 physical therapy visits for this injury. A Magnetic Resonance Imaging (MRI) was requested for the right shoulder. Expected Maximum Medical Improvement (MMI) date was 12/31/14. On 12/30/14 Utilization Review non-certified a MR I of the right shoulder non-contrast as outpatient, noting the California Medical treatment Utilization Schedule (MTUS) Low Back Complaints and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI or the right shoulder non-contrast as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
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**Decision rationale:** Request: 1 MRI of the right shoulder non-contrast as outpatient. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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 or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Physiologic evidence of significant tissue insult or neurovascular dysfunction are not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise. The records provided did not indicate that surgical interventions were being considered. Response to a full course of conservative therapy including physical therapy is not specified in the records provided. The medical necessity of 1 MRI of the right shoulder non-contrast as outpatient is not established for this patient.