

<b>Case Number:</b>	CM15-0111568		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 49-year-old female, who sustained an industrial injury on 5/2/14. She reported right shoulder pain with sudden onset. The injured worker was diagnosed as having pain in left shoulder joint and partial tear of rotator cuff. Treatment to date has included left shoulder surgery (11/2014), physical therapy and oral medications. (MRI) magnetic resonance imaging of left shoulder performed on 5/23/14 revealed moderate supraspinatus tendinopathy with adjacent mild tendinopathy of anterior infraspinatus and subacromial bursitis. X-ray of left shoulder performed on 5/11/15 revealed no abnormalities. Currently, the injured worker complains of pain and weakness of left shoulder. Injections have not helped and physical therapy helped a little. She is on modified work duty. Physical exam noted left shoulder with positive impingement sign, AC joint tenderness and restricted range of motion due to pain. A request for authorization was submitted for (MRI) magnetic resonance imaging of left shoulder.

### 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Shoulder, Indications for Imaging-Magnetic Resonance Imaging.

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

**Decision rationale:** The requested MRI of left shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The treating physician has documented (MRI) magnetic resonance imaging of left shoulder performed on 5/23/14 revealed moderate supraspinatus tendinopathy with adjacent mild tendinopathy of anterior infraspinatus and subacromial bursitis. X-ray of left shoulder performed on 5/11/15 revealed no abnormalities. Currently, the injured worker complains of pain and weakness of left shoulder. Injections have not helped and physical therapy helped a little. She is on modified work duty. Physical exam noted left shoulder with positive impingement sign, AC joint tenderness and restricted range of motion due to pain. The treating physician has not adequately documented evidence of an acute clinical change since the date of the previous imaging study. The criteria noted above not having been met, MRI of left shoulder is not medically necessary.