

<b>Case Number:</b>	CM15-0112227		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: 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 is a 57 year old female, who sustained an industrial injury on 06/18/2013. She has reported subsequent neck and upper extremity pain and was diagnosed with sprain and strain of the neck and pain in the shoulder joint. Treatment to date has included medication, physical therapy, acupuncture, a home exercise program and massage. In a progress note dated 05/08/2015, the injured worker complained of bilateral shoulder pain. Objective findings were notable for tenderness to palpation of the left shoulder along the bicipital groove and pain with external rotation that resolves with motion and impingement signs with Hawkin's maneuver, decreased range of motion with regard to internal rotation and external rotation by approximately 25% of the right shoulder. A request for authorization of an MRI of the bilateral shoulders was submitted due to persistent pain despite conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): Tables 9-1, 9-6 and Algorithm 9-3.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation of patients with occupational shoulder complaints. Within these guidelines are recommendations relevant to this case; specifically, the indications for imaging studies. Table 9-1 describes the red flags for potentially serious underlying conditions. Red flags which would indicate the need for MRI imaging include progressive neurologic compromise manifested by decreased upper extremity sensation, strength and deep tendon reflexes. Table 9-6 describes the indication for MRI imaging of the shoulder. MRI is indicated for the preoperative evaluation of partial thickness or large full thickness rotator cuff tear. An MRI is not recommended for an evaluation without surgical indications. In this case, I do not find sufficient evidence of documentation of the above cited red flag or that the evaluation is part of a preoperative evaluation for a rotator cuff tear. Algorithm 9-3 comments on the evaluation of slow-to-recover patients with an occupational shoulder complaint. In this algorithm an MRI is indicated when there is documentation of the following: passive range of motion of the shoulder is greater than active range of motion. In this case, I do not find evidence of documentation of active versus passive range of motion. Based on the above findings, there is insufficient documentation in support of an MRI of the right shoulder. Therefore, the request is not medically necessary.

**MRI (magnetic resonance imaging) Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): Tables 9-1 and 9-6 and Algorithm 9-3.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation of patients with occupational shoulder complaints. Within these guidelines are recommendations relevant to this case; specifically, the indications for imaging studies. Table 9-1 describes the red flags for potentially serious underlying conditions. Red flags which would indicate the need for MRI imaging include progressive neurologic compromise manifested by decreased upper extremity sensation, strength and deep tendon reflexes. Table 9-6 describes the indication for MRI imaging of the shoulder. MRI is indicated for the preoperative evaluation of partial thickness or large full thickness rotator cuff tear. An MRI is not recommended for an evaluation without surgical indications. In this case, I do not find sufficient evidence of documentation of the above cited red flag or that the evaluation is part of a preoperative evaluation for a rotator cuff tear. Algorithm 9-3 comments on the evaluation of slow-to-recover patients with an occupational shoulder complaint. In this algorithm an MRI is indicated when there is documentation of the following: passive range of motion of the shoulder is greater than active range of motion. In this case, I do not find evidence of documentation comparing active versus passive range of motion. Based on the above findings, there is insufficient documentation in support of an MRI of the left shoulder. Therefore, the request is not medically necessary.