

<b>Case Number:</b>	CM15-0175335		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: New York, Tennessee  
 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:

This 51 year old male sustained an industrial injury on 12-20-11. The injured worker is being treated for cervical intervertebral disc disorder with myelopathy. Treatments to date include MRI testing, shoulder surgery and prescription pain medications. The injured worker has continued complaints of left shoulder pain that radiates down the lower extremity. Pain has persisted despite surgical intervention. Upon examination, there is tenderness and spasm on the upper shoulder and rotator cuff muscles. Supraspinatus test was positive on the left. A request for 3D MRI of the Left Shoulder was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3D MRI of the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015, Chapter: Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee &

Leg: Three-dimensional MRI (3D), Low Back - Lumbar & Thoracic: Three-dimensional (3D) image rendering, Shoulder: Magnetic resonance imaging (MRI).

**Decision rationale:** Three Dimensional MRI is not recommended as a separate procedure. Surgeons in clinical practice need not order a lengthy dedicated 3D MRI, but can confidently use a standard 2D MRI. Three-dimensional (3D) rendering of imaging studies uses multiple thin sections of images and reconstructs them into 3 dimensional images which can extract and display anomalies and/or structures to optimize visualization of the pathology. Indications for magnetic resonance imaging (MRI) are as follows: 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. In this case, there is no documentation of significant change in symptoms or findings suggestive of significant pathology. In addition, three-dimensional MRI is not indicated. The request is not medically necessary and should not be authorized.