

<b>Case Number:</b>	CM15-0175461		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	10/23/2015	<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 37-year-old male, who sustained an industrial injury on 02-03-2015. He has reported subsequent left shoulder, hand and finger pain and was diagnosed with left closed fracture of finger and muscle strain of the left shoulder. X-rays of the left 5th digit revealed a nondisplaced oblique fracture of the distal portion of the left proximal phalanx of the 5th digit. MRI of the left shoulder in March of 2015 showed small tear of the labrum, marked bone edema and contusion of the posterior humeral head and a partial-thickness articular-sided tear of the supraspinatus and infraspinatus. Treatment to date has included oral pain medication, acupuncture and at least 8 sessions of physical therapy visits, which were noted to have provided some relief of pain. In a comprehensive orthopedic evaluation dated 07-28-2015 the injured worker reported continued aching pain and discomfort in the left shoulder. Objective examination findings showed pain and discomfort with range of motion of the left shoulder through extremes. The injured worker was noted to be off work since the injury. The physician noted that a repeat MRI would be requested to see the degree of healing of the bone contusion and marrow edema. A request for authorization of 1 MRI of the left shoulder was submitted. At utilization review (08-07-2015), the request for 1 MRI of the left shoulder was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the 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 (Acute & Chronic) - Magnetic resonance imaging (MRIs).

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

**Decision rationale:** The Official Disability Guidelines states that repeat MRIs of the shoulder are not routinely recommended. The reported request for a repeat MRI is to evaluate marrow edema and the contusion. The request does not indicate how this will alter management of the patient based upon the findings from the MRI. This request for a repeat MRI of the shoulder is not medically necessary.