

<b>Case Number:</b>	CM15-0176207		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 53-year-old female, with a reported date of injury of 04-01-2013. The diagnoses include subacromial bursitis and impingement syndrome of the right shoulder. Treatments and evaluation to date have included Ibuprofen, Norco, a TENS unit (moderate pain relief), Voltaren gel (failed), acupuncture (no relief), Cymbalta (not tolerated), Gabapentin (not tolerated), Lyrica (not tolerated), and kinesio tape. The diagnostic studies to date regarding the left shoulder have not been included in the medical records. The progress report dated 08-04-2015 indicates that the injured worker had increasing pain in the left shoulder and arm. On 07-21-2015, the shoulder pain was rated 6-9 out of 10. The physical examination showed no swelling of the left shoulder; positive left Hawkin's test; positive left shoulder crossover test; positive empty cans test; positive left-off test; positive drop arm test; tenderness to palpation in the left biceps groove; tenderness in the left subdeltoid bursa; tenderness in the left trapezius; and protracted left shoulder girdle. The treatment plan included an MRI of the left shoulder. It was noted that the injured worker compensated for right arm pain. It was also noted that a prior exam was consistent with supraspinatus impingement and concern for rotator cuff tear with weakness, which had given her copious over use with the inability to use the right arm. The injured worker was able to work with temporary restrictions. She was not yet permanent and stationary; and maximum medical improvement. The request for authorization is dated 08-04-2015. The treating physician requested an MRI of the left shoulder. On 08-12-2015, Utilization Review (UR) non-certified the request for an MRI of the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) without contrast material of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI without contrast left shoulder is not medically necessary. MRI and arthroscopy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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, the injured worker's working diagnoses are subacromial bursitis/impingement syndrome right shoulder; lateral epicondylitis; and adjustment reaction with disturbance of emotions NEC. Date of injury is April 1, 2013. Request for authorization is August 6, 2015. According to an August 4, 2015 progress note, the injured worker has ongoing left shoulder pain. Kinesio taping has helped with pain. Objectively, there is tenderness to palpation over the biceps group and no tenderness over the coracoid process. Range of motion left shoulder was not tested. There was no internal or external rotation and there was no flexion or extension. There were no left shoulder red flags in the medical record. There was no documentation of suspected rotator cuff tear or plain radiographs. There was no suspected instability. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no objective evidence with documentation of range of motion left shoulder, no red flags referencing the left shoulder and no radiographs of the left shoulder, MRI without contrast left shoulder is not medically necessary.