

<b>Case Number:</b>	CM15-0023910		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, 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:

This is a 23 year old male patient, who sustained an industrial injury on 12/15/14. He reported a left shoulder injury while moving a giant luggage container without using the right tool. The diagnoses include left shoulder rotator cuff syndrome. Per the doctor's note dated 1/29/2015, he had complains of left shoulder pain with radiation to left arm associated with weakness in both arms and rated 4-8/10. He notes his symptoms have been improving since the injury. He is currently working part time and is temporarily disabled. Physical exam noted slightly restricted range of motion to left shoulder; normal strength and sensation. The medications list includes Norco, ibuprofen and tizanidine. Treatment to date has included oral medications including Norco, anti-inflammatories and activity restrictions. He has had left shoulder X-ray. This X-ray report is not specified in the records provided. Other therapy for this injury was not specified in the records provided. 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 without contrast Left Shoulder:** Upheld

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

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

**Decision rationale:** According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)."Objective physiologic evidence of significant tissue insult or neurovascular dysfunction are not specified in the records provided.Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise. The records provided did not indicate that surgical interventions were being considered.Response to a full course of conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent left shoulder X-ray report is not specified in the records provided.MRI without contrast Left shoulder is not medically necessary for this patient.