

<b>Case Number:</b>	CM15-0068809		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/30/1993
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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:

The injured worker is a 78-year-old male, who sustained an industrial injury on 11/30/1993. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 03/17/2015 the injured worker has reported left shoulder pain. On examination, he was noted to have portal scars, no edema no erythema and tenderness/prominence biceps tenodesis site with a positive O'Brien sign. The diagnoses have included joint pain- shoulder, shoulder joint stiffness, muscle weakness and shoulder impingement/bursitis. Treatment to date has included left shoulder video arthroscopy, rotator cuff repair, subacromial decompression, biceps tenodesis and acromioclavicular excision, injections and pain medication. The provider requested MRI (magnetic resonance imaging) 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) Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, tables 9-1 & 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient has extensive surgery and procedures done to shoulder. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no recent neurological change. There is no plan for surgery. There is documentation of improvement with ongoing physical therapy. There is no rationale noted for MRI request. MRI of left shoulder is not medically necessary.