

<b>Case Number:</b>	CM15-0090806		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	04/02/2001
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 57 year old female, who sustained an industrial injury on 04/02/2001. Initial complaints and diagnosis at the time of injury were not clearly noted. On provider visit dated 04/09/2015 the injured worker has reported increased pain and popping in left shoulder. On examination of the slight trapezial, paracervical and parascapular tenderness on the left. Decreased range of motion of the cervical spine with some pain was noted. Spurling test was equivocal on the left. Impingement was positive at the left shoulder. Crepitus with range of motion of left shoulder was noted. Tinel's sign and Phalen's test were negative at the carpal tunnels. The diagnoses have included left shoulder impingement and trapezial, paracervical and parascapular strain. The injured worker was noted to have a previous MRI three years prior. Treatment to date has included medication, laboratory studies, physical therapy and home exercise program. The provider requested 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 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.

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

**Decision rationale:** The MTUS is silent of MRI of the shoulder. The ODG states regarding MR Arthrogram of the Shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." The patient has had an MRI 3 years ago. While the treating physician writes "she requires an updated MRI scan of the left shoulder to rule out any significant worsening of her rotator cuff pathology and possible labral tear", the medical notes do not substantiate the concern for this diagnosis. The medical records fail to document any significant worsening on exam or reinjury. As such, the request for MRI of the left shoulder is not medically necessary at this time.