

<b>Case Number:</b>	CM15-0092978		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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 51 year old male, who sustained an industrial injury on 9/8/2014. He reported injury from a slip and fall. The injured worker was diagnosed as having left shoulder rotator cuff strain with frozen shoulder and left hand numbness. Left shoulder magnetic resonance imaging on 9/30/2014, showed focal tendinopathy. Electromyography (EMG) /nerve conduction study (NCS) of the bilateral upper extremities showed abnormal conduction study. Treatment to date has included acupuncture, hand splinting and medication management. In a progress note dated 3/28/2015, the injured worker complains of left shoulder pain, rated 8.5/10 with left wrist and hand pain, rated 5-6/10 with weakness and numbness. The treating physician is requesting left shoulder magnetic resonance imaging with contrast.

### 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 with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicates that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/ impingement, with normal plain radiographs. The initial pain medicine evaluation report dated March 19, 2015 documented full range of motion FROM of the left shoulder. Per ODG, non-contrast MRI is sufficient for rotator cuff tears, and contrast enhancement is recommended for superior labrum anterior and posterior SLAP tears. In the past when MRI images and sensitivity were poor, the additional injection of contrast into the shoulder improved interpretation. This is not necessary with modern high field machines. Magnetic resonance imaging MRI of the shoulder dated September 30, 2014 demonstrated focal increased signal of the anterior supraspinatus fibers that is only mildly apparent on fluid sensitive sequences, making focal tendinopathy the most likely differential consideration. Clinical practice guidelines do not support the request for a repeat MRI of the shoulder with contrast. Therefore, the request for MRI of the left shoulder with contrast is not medically necessary.