

<b>Case Number:</b>	CM15-0097604		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: New Jersey

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:

The injured worker is a 59 year old, male who sustained a work related injury on 3/5/02. The diagnoses have included left shoulder rotator cuff tear, left shoulder tendonitis and left shoulder impingement. Treatments have included medications, physical therapy and acupuncture. In the PR-2 dated 4/14/15, the injured worker complains of left shoulder pain, which is getting worse. He describes the pain as sharp and radiates to neck and chest. He has decreased left shoulder range of motion. He has a positive impingement test. He has tenderness of rotator cuff and tendons in shoulder. He has subacromial grinding and clicking. The treatment plan includes a request for authorization for an MR with arthrogram of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR with arthrogram 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, Shoulder, MRI.

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

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery, would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Reynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. MR arthrography may be indicated in cases where labral tear is suspected or when there is a suspected re-tear of a rotator cuff after surgical repair. In the case of this worker, there was reported worsening left shoulder symptoms with physical findings suggestive of impingement syndrome and possibly tendonitis, rotator cuff pathology, or internal derangement, in the opinion of the requesting provider. There might have been justification of imaging such as MR arthrography, however, the provider requested corticosteroid injection to the left shoulder. Consideration of imaging of the left shoulder would be more appropriate after the trial of the steroid injection rather than at the same time as, since surgical intervention consideration would be premature. Therefore, the request for MR arthrogram of the left shoulder will not be considered medically necessary at this time.