

<b>Case Number:</b>	CM14-0001977		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] who has submitted a claim of left shoulder and low back pain associated from an industrial injury date of May 28, 2013. Treatment to date has included left shoulder arthroscopy with debridement and rotator cuff repair (8/24/13), physical therapy, acupuncture, hot/cold therapy, and medications with include orphenadrine citrate ER, nabumetone, Mobic, Zanaflex, Norflex, Vicodin, Percocet, Tylenol, aspirin, Naprosyn, Relafen, Anaprox, Methoderm, Protonix, Tramadol, and Norco. Medical records from 2013 were reviewed; the latest of which dated December 23, 2013 revealed that the patient complains of left shoulder pain. Patient rates the pain as 6/10. The pain is characterized as aching and weak that radiates to the neck and chest. He states that medications are less effective. He tolerates the medications well. Patient shows no evidence of developing medication dependency. On examination of the shoulders, there is restriction with flexion and extension, bilaterally. There is tenderness noted on the bilateral acromioclavicular joint and on the left genohumeral joint. Hawkins test and Neer test are positive on the left. MRI of the lumbar spine done last July 16, 2013 revealed disc bulge at L3-L4 and L4-L5 measuring 1-2mm. L5 probably represents a transitional vertebra. MRI of the left shoulder done last July 16, 2013 revealed small amount of fluid in subacromial and subdeltoid space, correlate with suspicion for bursitis; mild tendinopathy at the distal attachment of the supraspinatus. Utilization review from December 27, 2013 denied the request for repeat magnetic resonance imaging (MRI) of the left shoulder without contrast because the patient has a concurrent request for acupuncture to the affected area and it is felt that the outcome of the concurrently requested acupuncture should first be addressed and assessed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT SHOULDER WITHOUT CONTRAST:** Overturned

**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): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

**Decision rationale:** As stated on pages 208-209 of the Shoulder Complaints ACOEM Guidelines, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, a repeat MRI was requested for left shoulder pain. An MRI of the left shoulder, dated July 16, 2013, revealed small amount of fluid in subacromial and subdeltoid space, correlate with suspicion for bursitis; and mild tendinopathy at the distal attachment of the supraspinatus. Subsequently, patient underwent left shoulder arthroscopy with debridement and rotator cuff repair on 8/24/13. However, persistence of pain which is corroborated by findings of limitation of motion, tenderness and positive provocative tests warrant further investigation by utilizing MRI. The medical necessity for MRI has been established. Therefore, the request for repeat Magnetic Resonance Imaging (MRI) OF the Left Shoulder without Contrast is medically necessary.