

<b>Case Number:</b>	CM14-0133118		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 a 63 year old female with an injury date of 04/28/12. Based on the 06/30/14 progress report provided by [REDACTED] the patient complains of left shoulder pain rated 7/10. She is status post arthroscopic surgery to the right shoulder. Physical exam to the bilateral shoulders reveal tenderness to palpation at the rotator cuffs bilaterally. Range of motion of the left shoulder is decreased, especially on internal rotation 35 degrees and on flexion 110 degrees. Neer's, Empty Can and Supraspinatus Tests are negative bilaterally. MRI left shoulder finding dated 07/24/14 shows no evidence of instability, dislocation or abnormal movement on the internal/external rotation kinematic sequences. Findings:- supraspinatus and infraspinatus high grade-thickness tearing and tendinosis- proximal biceps tendinosis- glenohumeral joint effusion  
Diagnosis 06/30/14- cervicalgia- cervical spine multilevel HNP- status post right shoulder surgery- right shoulder rotator cuff tear- right shoulder SLAP tear- left shoulder sprain/strain r/o internal derangement- bilateral wrist internal derangement- bilateral hand pain- lumbago- lumbar disc displacement HNP- lumbar spine radiculopathy- bilateral knee internal derangement [REDACTED] [REDACTED] is requesting 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** The patient complains of left shoulder pain rated 7/10. The request is for MRI of the left shoulder. Diagnosis dated 06/30/14 includes left shoulder sprain/strain rule out internal derangement. The ACOEM guidelines state the following criteria regarding shoulder MRI: - Emergence of a red flag; - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); - Failure to progress in a strengthening program intended to avoid surgery; - Clarification of anatomy prior to an invasive procedure. The provider has asked for the MRI of the shoulder wanting to rule out internal derangement. Per physical exam dated 06/30/14, the patient presents with decreased range of motion to the shoulder with negative Neer's, Empty Can and Supraspinatus Tests. The provider has not stated a reason why the patient needs the MRI at this time. However, given the patient's persistent pain that has failed with conservative care, and the concern for internal derangement, the request is reasonable. Therefore, the requested MRI is medically necessary and appropriate.