

<b>Case Number:</b>	CM14-0155523		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/04/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Orthopaedic Surgery 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:

This 44-year-old female sales associate sustained an industrial injury on 8/4/12. Injury occurred when she slipped and fell. She landed on her back, hit her head on the ground and lost consciousness. Past medical history was positive for hypertension, liver disease, and reflux esophagus. The 3/18/14, 5/20/14, and 7/1/14 treating physician reports did not document subjective complaints or physical exam findings relative to the left shoulder. The 6/4/14 AME report documented left shoulder exam findings of left trapezius tenderness, no anterior subacromial tenderness, negative impingement signs, and decreased range of motion of the left shoulder. The AME stated there were no left shoulder exam findings that would indicate the need for any surgical treatment. The 8/22/14 treating physician report cited grade 7-8/10 neck pain with bilateral radicular symptoms, constant headaches, and grade 6 low back pain with bilateral radicular symptoms. She complained of left shoulder pain and limited range of motion. Cervical exam findings documented bilateral cervical paraspinal and trapezius tenderness, moderate to marked loss of cervical range of motion, and normal strength, sensation and reflexes. Bilateral shoulder exam documented flexion 140 degrees left (130 right), and abduction 85 degrees left (90 right). There was left biceps tenderness and positive impingement signs. The diagnosis was cervical sprain with radicular symptoms and left shoulder sprain. The treating physician requested MRI of the left shoulder as the patient had been symptomatic for over 2 years, never had an MRI, and the clinical exam today revealed positive impingement signs. The 9/3/14 utilization review denied the request for left shoulder MRI as there was no evidence of recent conservative treatment and failure, or indication of acute shoulder trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**Decision rationale:** The California MTUS ACOEM guidelines state that routine MRI is not recommended for evaluation of shoulder complaints without surgical indications. Guideline criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Guideline criteria have not been met. The shoulder exam documented decreased range of motion which was consistent with the contralateral side. There is no physiologic evidence of tissue insult or neurovascular dysfunction. There are no surgical indications at this time. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Routine imaging is not supported by guidelines. Therefore, this request is not medically necessary.