MAXIMUS Federal Services

| Case Number: | CM14-0173556 | | |
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| Date Assigned: | 10/24/2014 | Date of Injury: | 10/05/2011 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

## 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 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 injured worker is a 61-year-old male who reported an injury on 10/05/2011. The mechanism of injury was not submitted for this review. The injured worker's treatment history included nuclear bone scan of the right shoulder, x-rays of the right tibia and fibula, corticosteroid injection, and medications. On 05/14/2014, the injured worker had undergone a nuclear med bone scan of the right shoulder that revealed the joint was consistent with arthritic or degenerative changes, which is mildly metabolically active. The findings of the left shoulder joint were constant with arthritic or degenerative changes which is not metabolically active. The injured worker was evaluated on 09/23/2014 and it is documented that the injured worker complained of left shoulder pain that was worsening. The injured worker notes that he continues to experience sharp, lateral, posterior, and anterosuperior pain as well as pain at the distal end of his biceps during use of his arm. Examination of the left shoulder revealed forward flexion was 120 degrees, abduction was 110 degrees, external rotation was 70 degrees, internal rotation was 0 degrees and strength testing was deferred secondary to pain. The treatment plan included an MRI of the left shoulder and it was recommended by the provider that the injured worker continues to be markedly symptomatic. The injured worker was evaluated on 10/30/2014 and it was documented the injured worker complained of left shoulder pain. In the previous visit the injured worker had received a cortisone injection to the left shoulder, however, the injured worker notes the injection did not help his shoulder for any period of time. The injured worker continued to complain of experienced sharp lateral and posterior pain as well as pain at the distal end of his biceps during use of his arm. Examination of the left shoulder revealed flexion was 140 degrees, abduction was 120 degrees, external rotation was 60 degrees and internal rotation was 0 degrees. Rotator cuff strength was as follows, supraspinatus 5/5, infraspinatus 5/5, and subscapularis was 5/5. Diagnoses include gunshot wound bilateral shoulders with history of

bilateral humerus fractures, residual pain and stiffness in both shoulders. A Request for Authorization dated 09/30/2014 was for a left shoulder MRI.

## 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI)

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

**Decision rationale:** The request for Magnetic Resonance Imaging of left shoulder without contrast is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) 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 the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging studies may be considered for a patient whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: 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. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. On 05/14/2014, the injured worker had undergone a nuclear med bone scan that revealed the left shoulder joint was consistent with arthritic or degenerative changes, which was not metabolically active. The documents submitted for review failed to indicate evidence of emergence of a red flag, tissue insult, or neurovascular dysfunction. Moreover, there was a lack of documentation of failed conservative care such as physical therapy or home exercise regimen. As such, the request for MRI of the left shoulder is not medically necessary.