

<b>Case Number:</b>	CM16-0233794		
<b>Date Assigned:</b>	12/08/2016	<b>Date of Injury:</b>	10/10/2016
<b>Decision Date:</b>	01/06/2017	<b>UR Denial Date:</b>	11/18/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2016

### 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 York

Certification(s)/Specialty: Internal Medicine

### 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 46 year old male with a date of injury on 10-18-2016. The injured worker is undergoing treatment for left shoulder labral tear, possible rotator cuff tear and impingement syndrome and left thumb closed distal phalanx fracture. A physician progress note dated 11-11-2016 documents the injured worker complains of left shoulder pain that is giving him difficulty with regular duties and overhead activities. He rates his pain at 5-7 out of 10 on the pain scale. Minimal left shoulder movement increased pain. He has pain even with abduction and external rotation. Hawkin's and impingement sign was difficult to assess. Drop arm test was positive. Acromioclavicular joint was tender and impingement sign was positive. The treatment plan includes a MRI of the left shoulder without contrast. The injured worker is not working. Treatment to date has included diagnostic studies, medications, use of a splint and brace for his thumb. Current medications include Ibuprofen, and Tizanidine. On 11-18-2016 Utilization Review non-certified the request for MRI of the left shoulder without contrast.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder chapter - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI shoulder.

**Decision rationale:** The ODG states that an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no documentation of the response to conservative therapy and no discussion of surgery or emergence of any red flag findings on exam to warrant an MRI of the left shoulder. Medical necessity for the requested MRI is not established. The requested study is not medically necessary.