

<b>Case Number:</b>	CM13-0004615		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/18/2006
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	06/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### 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:

Injured worker is a male with a date of injury 10/18/2006. Per the primary treating physician's progress report dated 5/20/2013, the injured worker has multiple complaints affecting neck, back and right shoulder. He states he had neck surgery in 2008 and 2009 and low back surgery in 2008. He has pain to all areas, and is still receiving treatment from other doctors. On exam the cervical spine is positive for tenderness. There is well-healed cervical spine posterior and anterior. Left shoulder exam is negative Neers test and negative supraspinatus. Right shoulder has 90 degrees abduction, 100 degrees forward flexion, 15 degrees internal rotation, and 15 degrees external rotation. Lumbosacral spine has well healed incision. Neurological exam reveals motor strength is 5/5. Diagnoses are not reported. Other reports indicate that diagnoses include 1) lumbar sprain with radiculopathy 2) cervical spine with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT MRI RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

**Decision rationale:** The requesting physician reports on exam of the right shoulder that there is reduced range of motion. There are no special tests reported for the right shoulder, however the left shoulder has a negative Neers test and no impingement. There is also no diagnosis provided regarding the right shoulder. Orthopedic surgeon progress report dated 6/14/2011 reports the diagnosis of bilateral shoulder tendonitis. Per the ACOEM Guidelines, the criteria for ordering imaging studies of the shoulder 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, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations.