

<b>Case Number:</b>	CM13-0017499		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/14/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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:

The claimant was injured on 10/14/06 and an MRI of the right shoulder is under review. The patient's diagnoses include chronic cervical strain with disc bulges and right upper extremity radiculitis, derangement of the right shoulder with a labral tear, chronic thoracic pain syndrome with mild thoracic kyphoscoliosis and underlying degenerative disease, chronic lumbar spine pain with L4-L5 and L5-S1 annular tears and disc bulges with lower extremity radiculitis. ■■■■ recommended an MRI of the right shoulder to look for potentially correctable pathology. X-rays were normal. She had exquisite tenderness over the AC joint and the anterolateral aspect of the acromion. Range of motion caused increased pain. She also had bicipital tenosynovitis. MRI was recommended. She had possible impingement syndrome. She received an injection to the subacromial space. On 12/17/13, she saw ■■■■ again. She had injured her neck, right shoulder, low back, and psyche. She was seen under future medical. There was no mention of right shoulder pain at that time. The right shoulder had positive Neer's impingement and 90 crossover impingement test. Apley's and Hawkins' tests were positive. She was diagnosed with impingement syndrome. On 06/12/13, ■■■■ again recommended an MRI of the shoulder and cervical spine. She had sharp pain radiating down her right arm to her wrist with weakness and numbness. Right shoulder pain was 5/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the right shoulder for this injury that occurred about 8 years ago. The claimant has evidence of impingement clinically on physical examination and has had an injection for it. There is no evidence of a new injury or any indication that a different problem now exists. In addition, it is not clear whether the claimant has exhausted all other conservative care or that she has been involved in an ongoing exercise program for her shoulder complaints. As such, the request is not medically necessary and appropriate.