

<b>Case Number:</b>	CM13-0020756		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 48-year-old male who reported injury on 08/21/2012. The mechanism of injury was stated to be the patient was lifting heavy metal with a forklift and chain and the patient was trying to lift 200 pounds of metal with a co-worker and the other person let go. The patient was noted to have right shoulder pain. Diagnosis was noted to include shoulder sprain/strain. The request was made for an MRI of the shoulder.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Table 9-6, pages 561-563.

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

**Decision rationale:** For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: ACOEM Guidelines recommend for most patients with shoulder problems

that they do not need special studies until after a 4 to 6 week period of conservative care and observation fails to improve symptoms. Clinical documentation submitted for review indicated the patient had right shoulder pain, a positive Roos test, positive Apley test, positive supraspinatus press test and resist test, and positive impingement test. The patient was noted to have weak muscle testing and tenderness and muscle spasm. Clinical documentation submitted for review, however, failed to provide previous studies as the patient's injury was noted to have taken place in 2012. Given the above and the lack of documentation of lower level studies and results, the request for an MRI of the right shoulder is not medically necessary.