

<b>Case Number:</b>	CM13-0032750		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Orthopedic Surgery 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 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:

This 41 year old claimant has a date of injury of June 16, 2013. The records provided for review documented concern for cervical radicular syndrome, medial epicondylitis of the right elbow, cubital tunnel syndrome, and a right shoulder labral tear. [REDACTED] of Orthopedics saw the claimant in August 2013 and requested EMG/Nerve Conduction Studies of the upper extremities, and MRI of the right shoulder and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California ACOEM Guidelines only support shoulder imaging in circumstances where activity limitation persists over six weeks, if there is physiologic evidence of a tissue insult, if there is failure of a progressive strengthening program intended to avoid surgery, when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of a potentially serious pathology such as a tumor. In this case activity

limitations have persisted greater than six weeks and [REDACTED] documents a complaint of shoulder atrophy by the claimant and right shoulder examination is significant for tenderness overlying the biceps tendon, and no impingement signs are present. There is no convincing documentation provided that tissue insult about the shoulder is present based on the documented physical examination. Absent convincing documentation of a tissue insult, a right shoulder MRI is not certified based on the ACOEM Guidelines.