

<b>Case Number:</b>	CM13-0039805		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Family Practice, has a subspecialty in Internal 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 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:

Female claimant sustained an injury on 1/22/13 resulting in a left wrist fracture. She had a left wrist open reduction and internal fixation on 2/8/13. She had pain in the left shoulder from a prior injury. She received physical therapy and analgesics post operatively. She had difficulty with range of motion and stiffness of the left upper extremity. An examination on 9/4/13 indicated left shoulder and hand pain. Pain medications were helpful. Objective findings included decreased sensation in the C5-C6 dermatome and decreased range of motion of the left shoulder. A diagnosis of left shoulder impingement was given and an order for an MRI was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE MRI OF THE LEFT SHOULDER WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, (web version), Section on Shoulder: Table 2, Summary of Recommendations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Shoulder Complaints Page(s): s 211-214.

**Decision rationale:** There is no documentation to support that the shoulder injury relates to the industrial injury on 1/22/13. However the MTUS Guidelines suggest conservative care for shoulder impingement and possible steroid injections. The examination findings were not consistent with a possible rotator cuff tear requiring an MRI or any planned surgery of the shoulder. MRI of the shoulder is also appropriate for tumor and infection. Based on the guidelines and no red flag diagnoses, an MRI of the shoulder is not medically necessary.