

<b>Case Number:</b>	CM13-0049555		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 60 year-old female with a 12/26/2002 industrial injury claim. According to the 10/3/13 neurology report from [REDACTED], the patient had missed some of her appointments due to transportation issues, but now had a ride through [REDACTED] ride. She complains of left shoulder pain that increased spontaneously since August 2013. The patient states it clicks and grinds and the arm feels weak and she has difficulty cooking, dressing and vacuuming. She also has right shoulder pain, bilateral elbow pain and neck pain. left shoulder abduction is 90 degs, flexion is 110. She has been diagnosed with bilateral shoulder strain, biceps muscle pain, s/p left shoulder surgery on 11/21/06, s/p right shoulder surgery 9/11/07, with recent spontaneous aggravation of left shoulder pain; bilateral elbow pain; cervical strain, depression, sleep difficulty. The plan was to get a left shoulder MRI. The physician states the patient did not respond to PT and there was no reason to get another course of PT prior to the MRI. On 10/28/13 UR denied the MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The patient presents with spontaneous increase in left shoulder pain since August 2013. She has decreased motion and positive impingement signs. There is no indication that the patient had PT since the flare-up. The available reports show PT being provided in January 2013. For the shoulder, MTUS/ACOEM states: "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." The request for a shoulder MRI without conservative care is not in accordance with MTUS/ACOEM guidelines.