

<b>Case Number:</b>	CM13-0054092		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery and is licensed to practice in Georgia 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 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 injured worker is a 52-year-old male who reported an injury on 07/25/2011. The mechanism of injury was not stated. The injured worker is diagnosed with chronic right shoulder pain, status post right shoulder arthroscopic surgery in 2012, chronic left shoulder pain, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic lumbosacral myofascial pain, chronic headaches, chronic TMJ pain, chronic bilateral upper extremity dysesthesia, chronic bilateral lower extremity dysesthesia, and probable depression. The injured worker was evaluated on 06/25/2013. The injured worker reported persistent pain over multiple areas of the body. Physical examination of the left shoulder revealed 120 degrees abduction, 20 degrees extension, and 120 degrees flexion. Treatment recommendations at that time included an MRI of the cervical spine, lumbar spine, and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 581-583.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination of the left shoulder only revealed limited range of motion. Although it is stated that the injured worker demonstrated crepitus with evidence of rotator cuff tenderness, there was no objective evidence of tissue insult or neurovascular dysfunction. There is also no evidence of the emergence of any red flags. There is no documentation of a failure to progress in a strengthening program. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.