

<b>Case Number:</b>	CM13-0057935		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational 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 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 applicant has filed a claim for shoulder pain reportedly associated with an industrial injury of August 14, 2013. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. The applicant's attorney subsequently appealed. In an October 17, 2013 progress note, the applicant presented with neck, low back, and shoulder pain, ranging from 2 to 5/10. The applicant exhibited limited right shoulder range of motion with flexion and abduction to 140- to 160-degree range. Positive signs of internal impingement were evident. It was noted that the applicant seemingly suggested development of symptoms secondary to hostile work environment at work. The applicant was also under psychological stress, it was noted. An MRI imaging of cervical spine, lumbar spine and shoulder were sought. Additional chiropractic manipulative therapy was sought as was a psychiatry consultation. The applicant was placed off of work, on total temporary disability.

### 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 Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): Table 9-2, page 202; Table 9-6, page 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, page 214, routine MRI or arthrography for evaluation purposes without surgical indications is not recommended. In this case, it appears that the primary treating provider (PTP), has sought authorization for numerous MRI studies without any intention to act on the results of the same. There is no evidence that the applicant is actively considering or contemplating shoulder surgery. It is further noted that the attending providers progress note suggest that the most likely operating diagnosis here is that of impingement syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in chapter 9, Table 9-2, page 202, no specific tests are indicate for an impingement syndrome: None indicated. In this case, pursuit of academic MRI imaging without any intention to act on the results of the same and/or consider a surgical remedy is incompatible with the ACOEM principles and parameters. Therefore, the request is not medically necessary.