

<b>Case Number:</b>	CM13-0058542		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Geriatrics and is licensed to practice in New York. 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 45 year old woman with a date of injury of 7/1/10. She was seen by her physician on 10/15/13 with complaints of knee and left shoulder pain. She was participating in physical therapy which was helpful as was the injection from the last visit. Her left shoulder pain would wake her up at night and she complained of pain, stiffness, swelling and weakness. Her left shoulder exam showed no deformity, swelling effusion or erythema. She had mild crepitation in her A/C joint with good range of motion. Her Hawkin's impingement signe was positive and the cross body A/C compression test was mildly positive. Her diagnoses included pain in joint-shoulder, subacromial impingement syndrome and A/C joint osteoarthritis-primary. Her plan was to continue with physical therapy and then transition to a home exercise program and consider MRI of the left shoulder which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LEFT SHOULDER MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the left shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags a MRI of the left shoulder is not medically indicated.