

<b>Case Number:</b>	CM13-0059622		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 claimant is a 49-year-old female with a date of injury on April 21, 2011. The medical records provided for review documented cumulative trauma to the bilateral upper extremity injuries including cervical and thoracic strain, bilateral shoulder impingement, carpal tunnel and cubital tunnel syndrome bilaterally. There was also an underlying diagnosis of lumbosacral strain. The clinical assessment on October 16, 2013, documented continued complaints of foot and hand pain bilaterally. Physical examination of the upper extremities documented a positive left elbow Tinel's test consistent with cubital tunnel syndrome. No other findings of the upper extremities were noted. The medical records documented previous injections of the subacromial space. Reports of bilateral shoulder radiographs from 2011 showed acromioclavicular (AC) joint degenerative change with osteophyte formation. The recommendation for an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (EG, PROTON) ANY JOINT OF UPPER EXTREMITY, WITHOUT CONTRAST MATERIALS, OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 196, 207-208, 214.

**Decision rationale:** Based California ACOEM Guidelines, MRI imaging of the shoulder at this chronic stage in this course of the claimant's care would not be supported. ACOEM Guidelines recommend an MRI if there was failure to progress with strengthening to avoid surgery, physiological evidence of tissue insult or neurologic dysfunction or emergence of a red flag on examination indicative of need for acute testing. In this case, the medical records do not document that the claimant has any objective findings on exam at recent assessment of the shoulder. While it is noted that the claimant has been treated with multiple prior injections since the 2011 date of injury, the documentation for review does not identify any physical examination findings, or significant change in the claimant's condition to support the need for MRI imaging. The request is not medically necessary.