

<b>Case Number:</b>	CM13-0062985		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon 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 physician 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 patient is a 39-year-old female who reported an injury on 09/17/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical radiculitis, cervical sprain and strain, thoracic sprain and strain, pain in the thoracic spine, right shoulder sprain and strain, impingement syndrome, pain in a joint of the shoulder, shoulder sprain and strain, lateral epicondylitis, wrist sprain, hand sprain, and tenosynovitis of the wrist and hand. The patient was seen by [REDACTED] on 10/29/2013. The patient reported persistent pain in the upper back and neck. Physical examination revealed tenderness to palpation, decreased cervical range of motion, positive foraminal compression and shoulder depression testing, decreased sensation on the right, diminished strength on the right, decreased range of motion of the right shoulder, positive impingement and apprehension testing, positive Yergason's testing, Decreased strength on the right, and tenderness to palpation of the right elbow with positive Mills, Tinel's and Cozen's testing. Treatment recommendations included 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 of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. There is no documentation of a recent failure to respond to conservative treatment including physical therapy. There were no plain films obtained prior to the request for an imaging study. There was no significant change or progression of symptoms or physical examination findings. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.