

<b>Case Number:</b>	CM13-0065717		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Internal Medicine 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 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 57-year-old female with a date of injury on 01/07/2008 - sprain/strain left shoulder. On 12/03/2013 there was a request for a left shoulder MRI. On 10/08/2013 she was examined and the Neer and Hawkin's tests were positive bilaterally. Strength was 4/5 bilaterally. X-ray of the left shoulder was normal. She weighed 349 pounds. She had bilateral shoulder pain. Drop arm test was negative bilaterally. Apprehension test was negative. She had bilateral shoulder point tenderness to palpation of the supraspinatus, infraspinatus and teres minor insertions. On 11/12/2013 there was decreased shoulder range of motion from pain - bilaterally. During each of her examinations she also had hip and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **The request for MRI of the Left Shoulder Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), page(s) 561-563

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

**Decision rationale:** The mechanism of injury was not provided for review. Although she had an injury of her left shoulder, the examination findings of both shoulders is identical. There is no documentation of any conservative treatment for the left shoulder that was provided for review. There were no red flag signs. ACOEM guidelines for shoulder complaints does not provide for a MRI for shoulder impingement but does after failure of conservative treatment as pre-surgery assessment for rotator cuff or labral tears. There was no objective documentation that the requested MRI was for pre-surgical evaluation. Again there is no documentation of failure of conservative treatment. Therefore the request for MRI of the left shoulder is not medically necessary.