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| <b>Case Number:</b>   | CM13-0068133 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/05/2003 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 12/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2013 |

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 46 year-old with a date of injury of 06/05/03. The records indicate the claimant has ongoing shoulder pain as a result of lifting baggage. A progress report dated 11/13/13 identified subjective complaints of left shoulder pain. An MR arthrogram was done on the shoulder in 2004. Treatment has included physical therapy and oral analgesics. An arthroscopic decompression of the shoulder was done in 2004. A Utilization Review determination was rendered on 12/09/13 recommending non-certification of "Magnetic Resonance Imaging (MRI) left shoulder between 12/06/2013 and 01/20/2014".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. In this case, the record does not indicate any anticipated surgery.

Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for a shoulder MRI.