

<b>Case Number:</b>	CM14-0003297		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for right shoulder and back pain associated with an industrial injury date of December 1, 2004. Treatment to date has included medications, physical therapy, home exercise program, and psychotherapy. Medical records from 2013 were reviewed, which showed that the patient complained of right shoulder and back pain, rated 3-6/10, with all activity limitations affected. On physical examination, there were no sensorimotor deficits. There was tenderness of the spine with reduced thoracolumbar spine range of motion. Utilization review from December 30, 2013 denied the request for MRI for the right shoulder because there was no documentation of any specific limitations and there was no indication that the patient was being considered for right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 9 SHOULDER PAIN , 207-209

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 9, 208, 209

**Decision rationale:** According to the ACOEM Practice Guidelines referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, the medical records failed to provide evidence of red flags or specific neurologic deficits with regard to the right shoulder. The patient was diagnosed with an impingement syndrome; however, there was no indication that the patient participated in a strengthening program for the right shoulder. In addition, there was no discussion regarding future surgical plans that may warrant clarification of shoulder anatomy. The criteria was not met; therefore, the request for Magnetic Resonance Imaging (MRI) for the right shoulder is not medically necessary and appropriate.