

<b>Case Number:</b>	CM14-0005061		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 applicant filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy and physical therapy; and apparent earlier shoulder MRI imaging of June 2011, notable for a superior labral tear, probable partial supraspinatus tear, an acromioclavicular joint degenerative joint disease, per the claims administrator. A December 27, 2013 chiropractic progress note is notable for the comments the applicant was diagnosed with neck pain, headaches, and shoulder pain. No subjective complaints or objective findings were provided. The applicant's primary treating provider stated that he is requesting a shoulder MRI due to the recent shoulder x-rays of December 20, 2013. The December 20, 2013 x-ray report was notable for evidence of a probable Grade I AC separation with probable benign humerus osseous lesion. The radiologist, however, did suggest including this lesion on MRI imaging if the applicant was undergoing shoulder MRI for internal derangement of the shoulder. In an earlier progress note of November 16, 2013 and December 9, 2013, the applicant's primary treating provider, chiropractor, extensively stated that he was seeking plain film shoulder radiography on a routine basis.

### 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** As noted in the MTUS adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, a routine MRI or arthrography for evaluation of the shoulder is not recommended without surgical indications. In this case, there is no evidence that the applicant is in fact considering shoulder surgery. There is no evidence that the applicant is a candidate for any kind of surgical intervention, insofar as the shoulder is concerned. The applicant's primary treating provider did not provide any compelling rationale for the study in question. The primary treating provider did not outline the applicant's presenting complaints or objective findings on any recent progress notes provided. Therefore, the request for an MRI of the right shoulder without contrast is not medically necessary.