

<b>Case Number:</b>	CM14-0007492		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/08/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 records reviewed indicate the injury occurred in November, 2011. No specific primary diagnosis is listed. Additional records indicate the diagnosis was a repetitive motion injury from painting walls resulting in a cervical and lumbar strain, right elbow tendinitis and bilateral knee pain. A number of diagnostic studies have already been completed. Furthermore, the injured worker is noted to have reached maximum medical improvement in December, 2012. The records review report completed in June, 2013 noted there were complaints of neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, low back pain, right hip and bilateral knee pain. It was determined that there was a bilateral shoulder sprain/strain. Furthermore the injured worker was permanently stationary and that 100% of the impairment for the cervical and lumbar spine were portion to pre-existing, underlying degenerative disc disease. Emotional issues were prevalent throughout the examination. A chronic pain scenario was outlined. This employee was medically cleared to participate in a work conditioning protocol. The bilateral shoulder physical examination noted tenderness to palpation acromioclavicular joints and in the biceps tendon grooves. A rather uniform decrease in shoulder range of motion is noted bilaterally. Plain films of the bilateral shoulders noted no significant osseous abnormalities. The clinical assessment was a sprain/strain of the bilateral shoulders. No specific intra-articular pathology was identified on physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 207.

**Decision rationale:** When considering the reported mechanism of injury, the findings on multiple physical examinations, the lack of any specific osseous abnormalities noted on plain films and the multiple physical examination assessments which did not identify any significant intra-articular pathology tempered by the parameters noted in the ACOEM guidelines particularly section 208, there is insufficient clinical data presented to support this request. There is no physiologic evidence of tissue insult, there is no anatomic variants noted on plain films and is no surgical consideration noted. The request is not medically necessary and appropriate.