

<b>Case Number:</b>	CM14-0100974		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of November 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and earlier lumbar fusion surgery. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for a shoulder MRI. In its Utilization Review Report, the claims administrator cited an April 16, 2014 progress note. This progress note, however, was not incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant was described as having persistent complaints of low back and shoulder pain, 7/10. Shoulder pain was exacerbated by overhead reaching. The applicant did have derivative complaints of depression, anxiety, and irritability. The applicant was status post two shoulder surgeries and exhibited painful, decreased shoulder range of motion. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast 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 Shoulder MRI.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 does "recommend" MRI imaging of the shoulder for preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, in this case, however, there is no evidence that the applicant is, in fact, actively considering or contemplating further shoulder surgery. No compelling rationale for the shoulder MRI was proffered, either by the attending provider or the applicant's attorney, although it is acknowledged that it does not appear that the claims administrator incorporated the progress note on which the MRI was sought into the Independent Medical Review packet. Based on the information currently on file, then, the request is not medically necessary.