

<b>Case Number:</b>	CM14-0010456		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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 patient is a 64-year-old gentleman who sustained an injury to the left shoulder while lifting a beam with a co-worker on 01/26/10. The medical records for review indicate that following a course of conservative care, a December 2010 surgery for left shoulder arthroscopy, subacromial decompression, and distal clavicle resection with debridement of both rotator cuff and labrum occurred. The clinical assessment in May of 2012 during an agreed medical evaluation documented continued complaints of pain in the shoulder and examination demonstrated restricted range of motion with abduction and forward flexion, positive impingement, but no documented weakness. From 05/17/12 forward there is no documentation of physical exam findings, imaging, or documentation of conservative care. The records for review include an authorization from dated 12/23/13 requesting an arthrogram of the left shoulder for a diagnosis of recurrent impingement status post decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT SHOULDER:** 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): 196, 208-209.

**Decision rationale:** Based on the California ACOEM guidelines, the request for an MRI of the shoulder cannot be recommended as medically necessary. The medical records provided for review do not include any documentation of office visits, physical examination findings, imaging reports or conservative treatment for the patient after May of 2012. There is no documentation of recent physical examination findings, imaging, or conservative care. Without documentation of a change in patient's symptoms or exam findings, as required by ACOEM Guidelines, there would be no acute indication for further imaging.