

<b>Case Number:</b>	CM14-0013927		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine & Rehabilitation 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 was injured on 01/30/2007 when he fell off a ladder and landed on concrete. He sustained a left tibial plateau fracture that required open reduction and internal fixation on 01/31/2007. Progress note dated 09/16/2013 documented that the patient's shoulder remained symptomatic off and on, with periodic flare-ups. PR-2 dated 12/11/2013 documented the patient with complaints of ongoing pain over his left shoulder. He describes this pain as being constant in terms of frequency. He feels pain with any movement and that he is only able to perform reduced range of motion maneuvers due to this pain. He feels numbness over the area. Objective findings on examination of the left shoulder reveal positive Neer and Hawkins's signs. There is tenderness to palpation noted over the anterior aspect of this area. Treatment Plan: The patient states that the pain has increased over his left shoulder. The physician feels that the patient needs to undergo an MRI of the left shoulder for diagnostic purposes in regards to his symptom changes.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC, Shoulder, Indications for imaging - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The ACOEM guidelines for special studies state "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms." The patient's injury dates back to January 2007. A prior CT scan was performed of the shoulder. There is very limited documentation regarding the shoulder injury. The medical records clearly document the patient's prior treatment history for the back and knee but not the shoulder. On 09/16/2013 states the shoulder problem remains symptomatic off and on with periodic flare-ups. On 12/11/2013 the patient then reports the pain as frequent. There is no indication of a recent incident. The medical records fail to document the need for the MRI or the prior treatment tried for the shoulder. Therefore, the request for MRI of the left shoulder is not medically necessary or appropriate.