

<b>Case Number:</b>	CM14-0017450		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Illinois. 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 injured worker is a 39-year-old female who reported an injury on 01/31/2012. The injury reported was an assault by 7 men. Previous treatments included medication. The diagnoses included; post traumatic migraines, radicular neck pain with torticollis, chronic pain, radicular back pain/strain, right shoulder disruption, PTSD, depression, anxiety. Within the clinical note dated 09/24/2013, it was reported the injured worker complained of pain in the neck and head and impaired vision in the right eye. She reported pain in the neck that radiated to the shoulders. The injured worker reported sensation of vibration in both shoulder areas. The injured worker reported problems with hand and eye coordination. Upon the physical examination, the provider noted the injured worker's range of motion of the right shoulder was limited in all planes. Crepitus was present. The injured worker had a negative straight leg raise. The provider noted no spasms or tenderness to palpation of the paraspinal muscles. The provider requested a right shoulder MRI to note any new structural changes from the assault.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines note for most patients with shoulder problems special studies are not needed, unless a 4 to 6 week period of conservative care and observation fail to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines note clinical and objective findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging of patients, who do not respond to treatment and of who would consider surgery as an option. There is lack of documentation indicating neurological deficits, which would warrant further evaluation with imaging, there is lack of significant decrease sensation and strength, and lack of documentation indicating the injured worker tried and failed conservative treatment. Therefore, the request is not medically necessary.