

<b>Case Number:</b>	CM14-0018253		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	02/12/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 presented for review indicate that this 38-year-old male was reportedly injured on February 12, 2005. The mechanism of injury was a motor vehicle accident. The most recent progress note, dated May 2, 2014, indicated that there were ongoing complaints of bilateral shoulder pain with numbness in the left arm. No physical examination was performed on this date. A bilateral subacromial cortisone injection was given. There were diagnoses of bilateral shoulder impingement and partial rotator cuff tear. An MRI of the right shoulder was recommended. A previous visit dated January 17, 2014, noted decreased right and left shoulder range of motion, a positive Hawkins test, a positive Neer's test and a positive impingement test. A subacromial injection was given to the right shoulder on this date as well. There were diagnoses of bilateral shoulder impingement with a partial rotator cuff tear. An MRI of the right shoulder was recommended. A request had been made for an MRI of the right shoulder and was not certified in the pre-authorization process on January 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITHOUT CONTRAST 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 Chapter 9 Shoulder Complaints  
Page(s): 207.

**Decision rationale:** According to the attached medical record, there was reference to the injured employee having a prior MRI of the right shoulder; however, the results of this MRI were not provided. It is unclear if there has been a change in the injured employee's shoulder symptoms, since this previous MRI was performed. Without specific annotation of the prior MRI results and the injured employee's treatment and symptoms since that time, this current request for an MRI of the right shoulder is not medically necessary.