

<b>Case Number:</b>	CM14-0110436		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 57 year old female was reportedly injured on 3/22/2010. The most recent progress note, dated 6/30/2014, indicates that there were ongoing complaints of neck pain, left shoulder pain, and low back pain. The physical examination demonstrated cervical spine positive tenderness to palpation with associated mild spasms, restricted range of motion, left shoulder positive tenderness to palpation, limited range of motion, positive Hawkins, and positive cross arm tests are noted, lumbar spine positive tenderness to palpation with mild spasms, limited range of motion. No recent diagnostic studies were available for review. Previous treatment includes chiropractic care, medications, and conservative treatment. Request was made for an MRI of the left shoulder and was not certified in the preauthorization process on 6/17/2014.

### 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 Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines recommend an MRI for evaluation of soft tissue anatomy. Criteria required for imaging includes suspected rotator cuff or impingement, age greater than forty with normal radiographs. Shoulder pain was suspected instability or labral tear. After review the medical records provided, it is noted the injured worker does have some tenderness to palpation and indications of impingement on physical examination. I was unable to identify documentation associated with rotator cuff or labral tear. Therefore, lacking pertinent findings on physical examination this request is deemed not medically necessary.