

<b>Case Number:</b>	CM14-0115870		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 62 year old female was reportedly injured on 8/1/2002. The mechanism of injury is undisclosed. The most recent progress note, dated 8/12/2014. Indicates that there are ongoing complaints of neck pain, low back pain, left lower extremity pain, and thoracic outlet syndrome. The physical examination demonstrated cervical spine: positive tenderness to palpation paracervical muscles bilaterally, decreased range of motion due to pain, pain to palpation over the sea to transverse processes bilaterally, lumbar spine positive tenderness to palpation, pain with range of motion, positive tenderness to palpation sciatic notch bilaterally, bilateral upper extremities 4/5 muscle strength. No recent diagnostic studies are available for review. Previous treatment includes cervical fusion, left elbow surgery, left thumb surgery, medications, and conservative treatment. A request was made for MR arthrogram of the right shoulder and was not certified in the preauthorization process on 6/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI(Magnetic Resonance Imaging) of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder. (Acute and Chronic) MR Arthrogram. Updated 8/27/2014.

**Decision rationale:** Official Disability Guidelines (ODG) guidelines recommend MR arthrogram as an option to detect labral tears, and for suspected re-tear of postoperative rotator cuff repairs. After review the medical records provided there were no physical exam findings that correlate with the above criteria, therefore this request is deemed not medically necessary.