

<b>Case Number:</b>	CM14-0131821		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

According to the records made available for review, this is a 43-year-old male with an 8/3/11 date of injury. At the time (7/11/14) of the request for authorization for MRI right shoulder, there is documentation of subjective (ongoing pain in the right shoulder) and objective (flexion 0-160 degrees, abduction is 0-150 degrees, external rotation is 0-70 degrees and internal rotation 0-80 degrees, adduction and extension is 0-40 degrees, positive subacromial bursitis and positive impingement, there is some tenderness to palpation about the acromioclavicular joint as well as a positive cross-arm test giving pain in the right acromioclavicular joint, positive O'Brien's test, and 4/5 strength to resistance in all directions) findings, current diagnoses (right shoulder impingement, rule out rotator cuff pathology), and treatment to date (medication). There is no documentation of normal plain radiographs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter. Treatment in Worker's Compensation, Online Edition Chapter: Shoulder (updated 4/18/12. Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** According to the records made available for review, this is a 43-year-old male with an 8/3/11 date of injury. At the time (7/11/14) of the request for authorization for MRI right shoulder, there is documentation of subjective (ongoing pain in the right shoulder) and objective (flexion 0-160 degrees, abduction is 0-150 degrees, external rotation is 0-70 degrees and internal rotation 0-80 degrees, adduction and extension is 0-40 degrees, positive subacromial bursitis and positive impingement, there is some tenderness to palpation about the acromioclavicular joint as well as a positive cross-arm test giving pain in the right acromioclavicular joint, positive O'Brien's test, and 4/5 strength to resistance in all directions) findings, current diagnoses (right shoulder impingement, rule out rotator cuff pathology), and treatment to date (medication). There is no documentation of normal plain radiographs. The request for MRI is not medically necessary.