

<b>Case Number:</b>	CM14-0132308		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/20/1997
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/16/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 61 year old male who sustained an injury to his left shoulder on 10/20/97 while lifting absorbent bags over the side of a bed; he felt sharp pain in the left shoulder/elbow. Clinical note dated 08/07/14 reported that the injured worker complained of neck, mid back, bilateral shoulder, bilateral elbow, wrist, and hand pain. The injured worker had complications from antibiotics and now had pulmonary fibrosis and multiple episodes of pneumonia. The injured worker had not worked since 1999 and was collecting Workers' Compensation benefits. The injured worker kept on wanting to have more surgeries. Treatment to date included 12 physical therapy visits. The injured worker no longer took narcotic medications or muscle relaxers. Physical examination noted no triceps strength; left shoulder elevation and abduction no more than 90 degrees; tenderness to the rotator cuff bilaterally with mild finding of impingement; left hand enlargement. The injured worker was diagnosed with cervical sprain for which no diagnostics were done associated with radiculitis along the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Neck and Upper Back Chapter, MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The previous request was denied on the basis that there was no documentation of significant change in symptoms and/or findings suggestive of significant pathology; therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no focal neurological deficits on physical examination including increased reflex or sensory deficits. There were no additional significant red flags identified. Given this, the MRI for the left shoulder MRI is not medically necessary.