

<b>Case Number:</b>	CM14-0135366		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational Medicine 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:

Patient is a 48 year-old female with date of injury 08/22/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/25/2014, lists subjective complaints as persistent right shoulder and arm pain. Provider reported that the patient had positive EMG/NCV studies which were consistent with the patient's complaints, but the report was not supplied for review. Objective findings: Examination of the cervical spine revealed tenderness to palpation and spasm of the paraspinal musculature. Range of motion was restricted in all planes. Sensory and motor exams were normal. Examination of the right shoulder revealed tenderness to the acromioclavicular joint and biceps tendon with spasm. Strength was 4/5 on abduction. Range of motion was restricted in all planes. Sensory and motor exams were normal. Diagnosis: 1) C6-7 disc injury with mild disc desiccation and bulging 2) Thoracic strain 3) Multilevel lumbar disc desiccation and bulging 4) Right shoulder impingement syndrome with acromioclavicular joint pain 5) Left shoulder full thickness rotator cuff tearing/impingement syndrome with acromioclavicular joint pain 6) Bilateral tennis elbow 7) Gastrointestinal complaints 8) Insomnia 9) Stress/anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 4/25/14), Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. An MRI of the right shoulder is not medically necessary.