

<b>Case Number:</b>	CM14-0138617		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/24/2004
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This 55-year-old male sustained an injury on May 14, 2014. The patient is complaining of bilateral heel pain and the cause of injury is considered cumulative trauma. There are no notes in the available medical record concerning pain or injury to any other body parts. While the patient is diagnosed as having pain in the thoracic spine, lumbago, cephalgia and disorders of bursa and tendon in the shoulder region, there are no subjective or objective notes to corroborate these diagnoses. A request is made for an MRI of the right shoulder and an MRI of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right shoulder;:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- ODG Shoulder (updated 04/25/14), MRI (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The ACOEM guidelines discuss indications for special studies with regard to shoulder problems. However, for this patient, there is no record corroborating the patient's diagnoses of right shoulder pain. There is no evidence of a red flag condition. There are no

notes concerning a failure to progress in a strengthening program. There are no records suggesting that the patient sustained a tissue insult or neurovascular dysfunction. Therefore, without sufficient evidence in an adequate history and physical examination of shoulder problems, the medical necessity for an MRI scan of the right shoulder is not medically necessary.

**MRI of left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - ODG Shoulder (updated 04/25/14), MRI (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The ACOEM guidelines discuss the indications for special studies with regard to shoulder problems. However, for this patient, there are no notes corroborating the patient's diagnoses of left shoulder pain. There are no objective findings to corroborate the patient's diagnoses of shoulder pain. There is no evidence of a red flag condition. There are no notes concerning a failure to progress in a strengthening program. There are no records suggesting that the patient sustained a tissue insult or neurovascular dysfunction. Therefore, without sufficient evidence in an adequate history and physical examination of shoulder problems, the medical necessity for an MRI scan of the right shoulder is not medically necessary.