

<b>Case Number:</b>	CM14-0156002		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/26/1994
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Geriatrics and is licensed to practice in New York. 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 42 year old woman with a date of injury of 11/6/12. He was seen by his primary treating orthopedic physician on 8/13/14. He had continued with self- treatment and not returned to work. His exam showed tenderness to palpation of the right mid and lower paravertebral cervical and thoracic spine and trapezius muscles. Range of motion showed pain with cervical extension and a negative Spurling, Adson and Wright maneuver. He had a tender right anterior rotator cuff of the shoulder. He had no swelling and there was a positive impingement sign. There was no shoulder instability and he had greater passive range of motion without obvious adhesive capsulitis. He had a negative grind sign, apprehension sign and relocation sign. He had mild AC joint and bicipital tenderness without irritability. He had decreased sensation in the C6 and median nerve distribution of the right upper extremity. He had no motor weakness or reflex asymmetry in either upper extremity. His diagnoses were cervical spine strain, right sided cervical radiculopathy, right rotator cuff tendinitis with impingement syndrome, right shoulder girdle strain and right carpal tunnel syndrome. At issue in this review is the request for a right shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic neck and shoulder pain is for a MRI of the right shoulder. The records document a physical exam with pain in the rotator cuff and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically substantiated.