

<b>Case Number:</b>	CM14-0156503		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 33-year-old male who reported an injury on 04/01/2014. The mechanism of injury occurred when a freight elevator door fell on his shoulder. His diagnoses included contusion of the right shoulder, cervical spine strain, and thoracic spine strain. The injured worker's past treatments were not clearly indicated in the clinical notes. The injured worker's diagnostic exam was not clearly indicated in the clinical notes. The injured worker's surgical history was not clearly indicated in the clinical notes. The injured worker's subjective complaints were not clearly indicated in the clinical notes. The physical exam was not clearly indicated in the clinical notes. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan was not clearly indicated in the clinical notes. A request was received for an MRI of the right shoulder. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

### 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 Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** The request for an MRI of the right shoulder is not medically necessary. The ACOEM Guidelines state that if there are no red flags for serious conditions present, then determination should be made upon which musculoskeletal disorder is present. Based on the clinical notes, the injured worker has a diagnosis of contusion of the shoulder. The guidelines indicate that for nonspecific shoulder pain, no diagnostic testing such as MRIs are indicated. Additionally, the clinical notes failed to indicate any objective complaints or physical examination findings to warrant the use of an MRI. The use of an MRI is contingent on red flags or serious conditions that are present. Therefore, due to lack of documentation indicating recent clinical evidence of pain, decreased functionality, or physical exam findings, the request is not supported. Thus, the request for an MRI of the right shoulder is not medically necessary.