

<b>Case Number:</b>	CM14-0171561		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 60 year-old female. The patient's start date of injury is 3/28/2010. The mechanism of injury is described as repetitive motion and bad movements. The patient has been diagnosed with right shoulder strain to rule out rotator cuff tear, and right knee strain, to rule out meniscus tear. The patient's treatments have included activity restrictions, nerve conduction studies, imaging studies, and medications. The physical exam findings dated 8/12/2014 shows the shoulder exam with flexion from 0 to 175 degrees, external rotation from 0-40 degrees, and internal rotation to T12. The Hawkins sign is reported as positive. The patient's medications are not listed. The records stated the patient has already had a previous MRI, which has showed the patient has a rotator cuff tear. She also has had a previous MRI of the knee which showed a radial tear of the posterior horn of the lateral meniscus.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI without Contrast: right shoulder. According to the clinical documents, the patient does not meet criteria for a shoulder MRI including, but not limited to, red flag symptoms, neurological dysfunction, failure to progress a strengthening program intended to avoid surgery or clarification of the anatomy prior to a surgical procedure. The records stated the patient has already had a previous MRI, which has showed the patient has a rotator cuff tear. According to the clinical documentation provided and current MTUS guidelines; MRI without Contrast: right shoulder - is not medically necessary.