

<b>Case Number:</b>	CM14-0181646		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Ohio. 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 53 year old male with a date of injury of 6-24-2014. He was struck on the left shoulder and left chest wall by steel cables .Initial x-rays of the left shoulder and left chest wall were normal. The initial examination revealed diminished left shoulder range of motion. The injured worker was treated with a sling and ice and the initial diagnosis was a left chest wall and left shoulder contusion. Subsequently, the injured worker had ongoing pain and weakness of an unspecified body region. This time, the physical exam revealed diminished cervical range of motion, tenderness of the cervical spine, C5-C7 sensory loss bilaterally, and a loss of grip strength. He was diagnosed with a whiplash injury, cervicothoracic subluxation, and cervical myospasm. An MRI of the cervical spine revealed a 1-2 mm disc osteophyte complex at C3-C4 with mild central canal narrowing and a 1 mm osteophyte at C4-C5 with mild left neural foraminal narrowing. Per the utilization review note, the injured worker was referred to orthopedics where it was discovered he had a positive Hawkin's impingement sign but otherwise normal range of motion and a negative empty can test, drop test and Yeargason's test. The orthopedist was concerned for impingement syndrome and recommended a left shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Internet Version, 2014: Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI)

**Decision rationale:** Per the Official Disability Guidelines, an MRI scan of the shoulder is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. The injured worker certainly had an acute shoulder trauma, had normal x-rays, is over age 40, and a shoulder impingement is suspected by the orthopedist. Therefore, MRI (Magnetic Resonance Imaging) of the left shoulder is medically necessary per the referenced guidelines.