

<b>Case Number:</b>	CM14-0024890		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/15/2002
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who sustained injuries to her bilateral shoulders and left knee on 02/15/02 when she tried to catch a box of dishes on a shopping cart, she sustained an injury to her right shoulder. Morbidity: 5'10", 215 pounds. She has had various treatments to date. Magnetic Resonance Image of the right shoulder following arthrogram revealed small full thickness tear along the anterior aspect of the supraspinatus tendon near its insertion; tendinopathy along the rest of the supraspinatus tendon; very small inferior spur formation at anterolateral aspect of the acromion; biceps tendon and glenoid labrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OPEN MRI BILATERAL SHOULDERS AND LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** There is no information provided that would indicate that the injured worker suffers from claustrophobia, has extreme anxiety, or any additional comorbidity that would

inhibit them from undergoing traditional MRI. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no additional significant 'red flags' identified. Given the clinical documentation submitted for review medical necessity of the request for open MRI bilateral shoulders and left knee has not been established. The request for open Magnetic Resonance Image (MRI) bilateral shoulders and left knee is not medically necessary.