

<b>Case Number:</b>	CM14-0025322		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<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 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 46 year old female who reported an injury on 11/03/2013 from an unknown mechanism. The injured worker had a history of pain in the neck, left shoulder and low back. The injured worker states cannot handle the modified duties due to the pain getting worse. Upon examination on 02/05/2014, the injured worker left shoulder revealed flexion 160 degrees, extension 45 degrees, abduction 150 degrees, adduction 45 degrees, internal rotation 60 degrees and external rotation 85 degrees. There was a positive impingement test on the left. The injured worker had a diagnosis of cervical spine strain/sprain, rule out herniated cervical disc with radiculitis/radiculopathy, lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy, mid back strain/sprain, rule out tendinitis, impingement, cuff tear, internal derangement, left elbow strain/sprain, rule out lateral epicondylitis, symptoms of anxiety and depression, gastritis, NSAID related, and impairing vision. The injured worker received a MRI of right shoulder on 02/06/2014. The medications were not documented in this report. The treatment plan is for MRI left shoulder 02/05/2014. The request for authorization form and rationale for the request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT SHOULDER:** 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): 207-209.

**Decision rationale:** The request for MRI left shoulder is non-certified. The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) guidelines state imaging may be considered when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). The injured worker had lack of documentation to having a full-thickness rotator cuff tear. There is lack of documentation as to the use of medications to improve the pain. There is also lack of documentation of any changes in the pathology of the injury. As such, the request is non-certified.