

<b>Case Number:</b>	CM14-0030517		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & 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 male who reported an injury on 04/02/2008 who fell from a ladder and injured his elbow. The injured worker had complaints of right shoulder pain. Physical examination on 03/13/2014 revealed pain in bilateral shoulders, elbows and left knee. There was positive impingement. Abduction right was to 140 degrees, left to 130 degrees, flexion right to 140 degrees, left to 130. The note submitted was very difficult to decipher. There was no report of x-rays, physical therapy, surgeries or medications. The diagnoses was fractured radius/ head and internal derangement. The treatment plan was for MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) Procedure Summary: indications for Imagining-Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for right shoulder MRI is not medically necessary. The document submitted for review is lacking information such as x-rays, physical therapy and any medications that the injured worker has taken for pain. In addition, the progress note was very difficult to read and understand. For persistent shoulder pain, the ACOEM guidelines state primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction (e.g., weakness from a massive rotator cuff tear, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular (AC) joint. The document is lacking information regarding a strengthening program or medications. Therefore, the request is not medically necessary.